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THE NATION'S NEEDS

hospitals & health centers



FEDERAL SECURITY AGENCY

PUBLIC HEALTH SERVICE

DIVISION OF HOSPITAL FACILITIES

SPECIAL SERVICES BRANCH

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THE NATION'S NEEDS FOR HOSPITALS AND HEALTH CENTERS

A Summary of Data from Plans Submitted by the States Under the Hospital Survey and Construction Act

by

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FOREWORD

The Hospital Survey and Construction Act (Public Law 725, 79th Congress), which became law on August 3, 1946, launched a comprehensive program of Federal-State cooperation to provide the country with the hospital, health center and related physical facilities required to provide adequate health care to the population. Fundamental to the success of this program is sound State and community planning.

This report shows how the individual States have gone about the work of planning for hospital and health center facilities; it summarizes their inventories of existing facilities, their surveys of need and programs of construction. It is hoped that the report will be of interest and value to the State agencies administering the program and to individuals and other organizations concerned with State and community planning for health facilities and services.

Vane M. Hoge, M.D. Chief, Division of Hospital Facilities

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INTRODUCTION

This report summarizes the State Plans for hospital and health center construction developed by the official Agencies in the States and Territories in order to take advantage of Federal aid under the Hospital Survey and Construction Act.

Chapter I includes as background information a brief description of the Act and of the hospital construction program. Chapter II describes the methods used by the States in planning programs for the construction of general, mental, tuberculosis and chronic disease hospitals and public health centers and the standards used in estimating their needs. Chapter III summarizes the data on existing facilities and beds, total and additional beds and facilities needed for each State and for the Nation as a whole. Included are summaries of the number of general hospital service regions and areas as delineated by the States and data on existing facilities and needs of areas classified according to rurality, per capita income and priority rating.

A major part of the report consists of Appendices A and B. Appendix A includes a map for each State showing general hospital service regions and areas as planned by the State Agency, the location of communities with existing and proposed facilities, and the envisioned regional coordination of hospitals. Appendix B consists of a table for each State showing for each general hospital service region and area the following data: population; number of existing facilities and beds; number classified as acceptable or nonacceptable; estimated total and additional facilities and beds needed; degree of rurality, i.e., percent of the population residing in places of less than 2,500 persons; per capita income; and priority rating of the area.

The data summarized in the report are from the State Plans as of December 31, 1948. The States may amend their Plans as they wish and, in addition, are required to submit annual revisions. It will be understood, therefore, that the Plans are constantly undergoing changes and that by the time this report appears many changes may have occurred. The data set forth include all amendments to the Plans made prior to December 31, 1948. The Plans summarized are those first submitted to and approved by the Surgeon General except for those in seven States - Alaska, Arizona, California, Connecticut, Iowa, North Carolina and Oklahoma - which had submitted their first annual revision prior to the close of 1948.

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CHAPTER I

DESCRIPTION OF THE PROGRAM

The Hospital Survey and Construction Act has two purposes: first, Federal aid to the States to assist them in inventorying and evaluating their existing facilities, in determining their need for additional facilities and in developing programs for the construction of these facilities; and second, Federal aid to the States for construction of public and other nonprofit facilities in accordance with these programs.

SURVEY AND PLANNING

To aid the States in survey and planning, the Act authorized the appropriation of \$3,000,000 to be allotted among the States in proportion to population, except that no State would receive less than \$10,000. The States may draw upon these allotments to meet one-third of their expenditures for surveys and planning. To qualify for funds, a State must (1) designate a single State Agency to conduct the survey, to supervise the planning and to make all necessary reports; (2) provide for a State Advisory Council composed of representatives of the consumers of hospital service and of government and non-government groups concerned with the operation, construction, and utilization of hospitals; (3) establish a plan for conducting a survey of its existing hospital and related facilities with a view to developing a program of needed construction.

For aid to the States for surveys and planning, \$1,800,000 was made available by Congress. The State allotments from these funds have been drawn upon to pay one-third of the cost of the initial surveys and such subsequent survey activities as the State Agencies have undertaken. All of the States and Territories, except Delaware, the District of Columbia and the Virgin Islands have taken advantage of Federal aid for survey and planning, and as of December 31, 1948, a total of \$1,117,716 had been paid out to the States for this purpose. Ten States and two Territories have utilized in full their available allotments.

CONSTRUCTION

To aid the States in the construction of needed facilities, the Act authorized the appropriation of \$75,000,000 for the fiscal year ending June 30, 1947 and for each of the succeeding four years. These funds are allotted among the States in accordance with a formula, based on population and per capita income, such that the States of low per capita income receive considerably more in proportion to their population than the States of high per capita

^{1/} The term "State" is used, unless otherwise indicated, to include both States and Territories.

^{2/} Arizona, Florida, Indiana, Louisiana, Mississippi, Nevada, North Dakota, South Carolina, Washington, West Virginia, Alaska and Hawaii.

income. One-third of the construction costs may be met from these allotments, with the balance supplied by State and/or local funds.

STATE PLANS

Before a State can receive Federal grants for construction, it must submit an over-all State Plan for approval by the Surgeon General of the Public Health Service. The requirements for approval are that the State Plan must:

- (1) designate a single State Agency to administer and supervise the construction program;
- (2) contain evidence that this agency will have the necessary authority to carry out the plan;
- (3) provide for the designation of a State Advisory Council corresponding, in composition, to the State Advisory Council required for the survey and planning phase of the program, to consult with the State Agency in carrying out the plan; the Advisory Council appointed for the survey and planning stage of the program may be continued as the Advisory Council for the construction stage;
- (4) submit a program of hospital construction which conforms to regulations set up by the Surgeon General and is based on the needs revealed by the State-wide survey;
- (5) set forth the relative need for the projects included in the program and provide for construction, insofar as financial resources permit, in the order of relative need;
- (6) provide appropriate methods of administration of the State Plan, including the maintenance of personnel standards on a merit basis;
- (7) establish minimum standards for the maintenance and operation of hospitals receiving Federal aid under the Act;
- (8) provide for affording applicants for construction projects an opportunity for hearings before the State Agency;
- (9) submit such reports and records as may be reasonably required by the Surgeon General;
- (10) provide for review of the entire State construction program by the State Agency from time to time and for submittal of any needed modifications.

As of December 31, 1948, all of the States and Territories, Nevada excepted, 2 have submitted Plans which have been approved by the Surgeon General. It is anticipated that the Nevada legislature will pass enabling legis-

^{1/} Appendix C shows the State allotments for the fiscal years 1948 and 1949.

^{2/} Since this writing, the Nevada State Plan has been submitted and approved (May 1949).

lation before the end of the 1949 fiscal year, at which time this State will become eligible for participation under the program.

CONSTRUCTION PROJECTS

Applications for aid for construction projects may be submitted by the State government, a local government, or a nonprofit agency. All applications must be submitted through the State Agency and must set forth a description of the site of the project, plans and specifications for the project which conform to regulations prescribed by the Surgeon General, and certain assurances. Among these assurances are (1) that title to the site is or will be vested solely in the applicant; (2) that adequate financial support will be available for construction of the project and for its maintenance and operation when completed; (3) that the facility will provide service without discrimination as to race, creed, or color, and will furnish a reasonable volume of free patient care. (The nondiscrimination requirement may be waived in areas where separate facilities are provided for separate population groups if the State Plan has made other equitable provision for these groups); (4) that the facility, when completed, will be operated and maintained according to minimum standards set by the State; (5) that the prevailing rates of wages will be paid to laborers and mechanics constructing the facility; (6) that adequate methods of obtaining competitive bidding will be used; (7) that adequate engineering or architectural supervision and inspection of the project will be provided to assure conformance with approved plans and specifications.

The Surgeon General shall approve a project if he finds that the assurances on the above points are satisfactory, that sufficient funds are available from the State's allotment to pay one-third of the cost of the project, and that the project is approved and recommended by the State Agency and is entitled to priority over other projects in the State.

ADMINISTRATION

In 44 of the 53 States and Territories, the hospital survey and construction program is administered by the State or Territorial health agency. In the other nine States a different agency in in charge of the program.

Federal administration of the program is the responsibility of the Surgeon General of the Public Health Service assisted by the Federal Hospital Council. The Federal Hospital Council consists of eight members, four of them outstanding in hospital and health activities and four representing the consumers of hospital services.

Within the Public Health Service, responsibility for assisting the Surgeon General in the administration of the Act rests with the Division of Hospital Facilities, whose personnel works largely through the Regional Offices of the Public Health Service. Personnel with specialized training, including hospital architects, construction engineers and hospital consultants have been assigned to each Region.

In accordance with a requirement of the Act, the Surgeon General has prescribed general regulations governing the development and administration of the State construction programs. These regulations cover the character and distribution of hospitals and public health centers, priority to be given to projects, general standards of construction and equipment, State administrative methods, and provision of services without discrimination on account of race, creed, or color, and for persons unable to pay.

As specified in the Act and the Regulations, hospitals, public health centers and related facilities may be planned and constructed under the program. Hospitals include general, tuberculosis, mental, chronic disease and other types, but not those that furnish primarily domiciliary care. Related facilities include laboratories, out-patient departments, nurses' homes and training facilities, and central service facilities operated in connection with hospitals. A public health center is defined as a publicly owned facility for the provision of public health services and includes related facilities such as laboratories, clinics and administrative offices.

CHAPTER II

PLANNING FOR HOSPITALS

GENERAL HOSPITALS

A general hospital is defined by the Regulations as "any hospital for inpatient medical or surgical care of acute illness or injury and for obstetrics, of which not more than 50 percent of the total patient days during the year are customarily assignable to the following categories of cases: chronic, convalescent and rest, drug and alcoholic, epileptic, mentally deficient, mental, nervous and mental, and tuberculosis."

The Act sets forth the ratios of general hospital beds to population beyond which the Federal Government will not provide aid for construction. These limits are 4.5 beds per 1,000 population in States having 12 or more persons per square mile, 5.0 in States having more than 6 and less than 12 persons per square mile, and 5.5 in States having 6 or less persons per square mile. The Act also specifies that if in any area within the State there are more beds per 1,000 population than the over-all limits, the excess number of beds need not be taken into account in calculating the State's maximum allowance.

COORDINATED HOSPITAL SYSTEM

The States were asked to plan for general hospitals on a regional and area basis, in accordance with the concept of a coordinated hospital system. The basic idea in such a concept is that the various hospitals of the State would work together better to serve the public. Under this coordinated hospital system, each State would form one or more regional networks of hospitals. The center of each region would be the base hospital or hospitals, which would usually be affiliated with a medical school. This hospital or these hospitals would have complete facilities for diagnosis and treatment. The base hospitals would provide district hospitals, rural and other small hospitals with such services relative to diagnosis, treatment and training as could not be provided by the smaller hospitals individually. The highly trained specialists in the base hospitals would upon request go to the district and rural hospitals for consultation and teaching purposes. The hospitals of the region, probably through the agency of a regional council, would develop uniform accounting and medical reporting methods, and other joint services, such as centralized purchasing. If there was a medical school in the region this school would become the center of educational and training services for the entire region and would, in effect, extend its campus to include the whole region.

To implement the coordinated hospital system, the States are instructed to establish one or more regions. Each region is comprised of a group of two or more general hospital service areas having hospitals which can be closely related to provide better hospital care through cooperative effort. These general hospital service areas presently contain or will contain one or more

hospitals; the boundaries of the areas are drawn to include the population which tends in the main to seek service from the hospital or hospitals located in the area. In other words, the hospital service area tends to be analagous to the trading area of the town in which the hospital is located, and the dividing line between areas would, in theory, be drawn through those points where the population ceases to use the area hospital and begins to seek service from the hospitals in adjacent areas. An area may presently be without hospital facilities, indicating that the people of the area now seek service from one or more hospitals located too distant from them, and that there is a need for a hospital which will serve the area in question.

The States are required to distinguish three types of general hospital service areas--base, intermediate, and rural--in accordance with the role each area would play in a coordinated hospital system.

Base Areas A base area must have the following characteristics: (1) Irrespective of the population of the area, it must contain a teaching hospital of a medical school, which must be suitable for use as a base hospital in a coordinated hospital system; or (2) the area must have a total population of at least 100,000 and presently contain, or contain on completion of the hospital construction program, at least one general hospital with at least 200 beds. This hospital must furnish internships and residencies in two or more specialties and must be suitable for use as a base hospital in a coordinated hospital system within the State.

Intermediate Areas Such areas must have a population of at least 25,000 and presently contain, or contain on completion of the program, at least one general hospital which has a complement of 100 or more beds and which would be suitable for use as a district hospital in a coordinated hospital system within the State.

Rural Areas For the purposes of the State Plan this term designates other general hospital service areas, i.e., other than base or intermediate areas.

The State maps in Appendix A show the hospital service areas and regions as delineated by the State Agency, the location of area hospitals and regional hospital centers, and the envisioned coordination of facilities. On these maps the general hospital service areas are designated by numbers preceded by "B", "I", or "R", indicating the type of area--base, intermediate or rural.

DELINEATION OF GENERAL HOSPITAL SERVICE AREAS

The division of the State into appropriate general hospital service areas is the basic step in State planning for general hospital service. The delineation of areas involves decisions as to whether a particular community should be served by a small facility close at hand, or might best be served by a larger facility serving a larger area. Hospital service areas should be delineated so that they will contain sufficient population to require a hospital of a size that can be operated efficiently and economically and offer an adequate service. On the other hand, the area should be small enough so that all the people in it may be adequately served. The areas should be drawn to take account of such factors as population distribution, natural geographic barriers—such as mountains and rivers—and transportation and trade patterns.

A number of States, for example, South Carolina and New York, used county lines as area boundaries, i.e., each county constitutes a hospital service area. A number of other States, among them Colorado, Kentucky, and Texas, used either single counties or combinations of counties as areas. Some States entirely or largely ignored county lines in delineating their hospital service In these States, hospital service areas were delineated on the "bisector" method. Areas between existing or proposed hospital centers were bisected or divided equally on the assumption that people tend to go to the nearest hospital offering the needed service. These bisecting lines were then adjusted to take account of mountains, deserts, rivers, lakes, or other physical barriers, and of highways and other means of transportation. Examples of States using this "bisector" method are Iowa and Michigan. A number of States - Arkansas, California and Washington, for example - initially used the "bisector" method and then, for the purpose of calculating population, per capita income, per capita property assessments, and other data which would be useful in evaluating the relative needs and resources of areas, adjusted the bisector lines wherever practicable to the nearest minor civil division or county line.

The delineation of hospital service areas should take into account not merely population distribution, distances, travel and trade patterns, and hospital utilization practices, but also such considerations as the sources of funds for construction and maintenance. In certain regions of the country public attitudes and tradition make it likely that the majority of new hospitals will be voluntary institutions built with privately donated funds. In other regions, it is likely that new hospitals will be largely county owned institutions built with funds raised by bond issue or taxation. In the former case there will be less tendency to adhere to county lines in the delineation of areas than in the latter case. Similarly, the anticipated source of funds to meet any operating deficit of a new hospital, i.e., whether such deficits will be met by private contributions or from tax funds, will affect the decision. Regardless of the method used in delineating general hospital service areas, the Regulations specify that all parts of each area must be reasonably accessible to existing or proposed hospital facilities.

INVENTORY AND APPRAISAL OF EXISTING FACILITIES AND BEDS

The next step in general hospital planning consists of listing the facilities and beds available within each area of each region. (The Regulations instructed the States to exclude Federal hospitals from the count of existing facilities.) These facilities must then be evaluated and appraised to determine whether or not they are acceptable. Each State Agency developed its own criteria for determining the acceptability or nonacceptability of facilities. An entire facility or any part of a facility might be classified as nonacceptable. Institutions determined by the State to be nonacceptable include hospitals which are refused operating licenses by the State licensing authority and those found by the State Agency to be unsuited for hospital use because of improper design, fire hazards, health hazards, etc.

CALCULATION OF GENERAL HOSPITAL BEDS NEEDED

In order to determine the bed need of each hospital service area, the total population of the area must be calculated. The Regulations required States to use the latest civilian population figures certified by the Department of Commerce. These figures are only available for the State as a whole.

For purposes of estimating the area populations, the States were instructed to use the estimated county population as of November 1, 1943, or the county or minor civil division population as reported in the 1940 Census, and to adjust these latter figures to reflect subsequent changes in the population of the State as a whole. The sum of the estimated populations of all the areas within the State must not exceed the latest estimate of the civilian population of the State, as certified by the Department of Commerce. The population figures actually used in the State Plans were for the most part the July 1, 1945, and July 1, 1946, population estimates. Two States used the November 1943 estimates of civilian population, while the July 1, 1947, estimates were used by eight States. Thus, the total population shown for the United States and Territories represents a combination of estimates for various years, depending upon the date of preparation of the State Plan.

The Act specifies that the total number of general hospital beds for any State shall not exceed 4.5 beds per thousand population except in the more sparsely populated States. On the assumption that a certain proportion of the persons from rural and intermediate areas will not be hospitalized in their home areas, but will go to the hospitals of the base area, the following minimum standards were set for estimating bed needs in base, intermediate and rural areas:

Minimum Standards of General Hospital Beds Per 1,000 Population in States With Specified Number of Persons Per Square Mile

Type of Area	12.0 or more	$6.1 - 11.9^{1/2}$	6.0 and $less^{2}/$
Base	4.5	5.0	5.5
Intermediate	4.0	4.5	5.0
Rural	2.5	3.0	3.5

The above area ratios are considered the minimum allowances for each area. Recognizing that the bed needs of specific areas cannot be determined by a mathematical formula, the States are instructed to set up a pool or reserve of beds to be distributed at the discretion of the State Agency. This pool consists of the difference between the number of beds allowable under the minimum area ratio and the State ratio. For example, in a State with a population density of 12 or more persons per square mile, a total of 90 beds would be allowable under the State ratio for a rural area of 20,000 population (4.5 beds per 1,000 population). On the basis of the area ratio, the number of beds allowable would be 50 (2.5 beds per 1,000 population). This results in a difference of 40 beds between the number allowable under the State and area ratios. If this rural area of 20,000 population has less than the 50 acceptable beds allowable under the area ratio, 40 beds will be assigned to the pool. If it has more than the minimum area ratio, but less than the State ratio, the number of beds allotted to the pool will consist of the difference between the number of existing acceptable beds and the State ratio. If there are more beds in the area than that allowable under the State ratio there will be no beds assigned to the pool from that area. This same procedure is

^{1/} The States in this group are Colorado, North Dakota, South Dakota, and Utah.

^{2/} The States and Territories in this group are Alaska, Arizona, Idaho, Montana, Newada, New Mexico, and Wyoming.

applied to each area, arriving at a total of beds in the "State pool". Beds from this pool are allocated at the discretion of the State Agency to specific areas on the basis of the occupancy rates of existing hospitals, needs of special population groups, and special problems peculiar to the areas.

After the allocations have been made from the State pool to specific areas, the total bed need of each area is calculated simply by adding the allocated pool beds and the number allowable on the basis of the area ratio or the existing beds, whichever number is greater. The net number of additional beds which may be constructed in each area is derived by subtracting the existing acceptable beds from the total needed.

DETERMINATION OF AREA PRIORITIES

In addition to determining the additional facilities and beds needed in each area, the State Plan must establish a priority system for general hospital projects which will determine which areas shall receive first consideration in the allocation of Federal funds for construction. The Regulations specify that the relative priority of areas shall be determined after consideration of the following factors in order of importance as given:

- "(a) The relative need for beds in the area (base, intermediate, or rural) in which the project will be located, taking into account the utilization of existing general hospital beds in the area and giving special consideration to projects providing service for persons located in rural communities and areas with relatively small financial resources;
- "(b) The extent to which beds will be made available for groups of the population which by reason of race, creed, or color are less adequately served than other groups of the population."

In order to carry out the intent of the Regulations the States are instructed to compute for each area the percentage of need met by existing acceptable facilities. This is to be calculated by dividing the total number of existing acceptable beds by the total number of beds needed in the area and multiplying by 100. The States are further instructed to arrange the areas in the order of percentage of need met, working from the lowest to the highest. A determination of the number of priority groups is then made. This number is discretionary with the State Agency, provided there are at least four.

These area priorities may then be adjusted in the light of the following factors:

- (a) The extent to which services will be provided for persons located in rural communities or areas with relatively small financial resources;
- (b) The extent to which beds will be available to groups of the population which by reasons of race, creed, or color are less adequately served than other groups of the population;
 - (c) The use of facilities available in adjacent areas.

All of the States and Territories used the percentage of need met by acceptable beds as the initial step in determining the area priorities. Approx-

imately half of the States used the percentage of need met as the only factor, while the others used one or more of the other factors mentioned above. A general description of the factors used by each State in determining area priority is included in the footnotes to the data for the State or Territory set forth in Appendix B of this report.

The data from the State Plans for general hospital construction, as of December 31, 1948, are summarized in Appendix B of this report. Included are tables for each State and Territory showing by region and area, the population, the total existing facilities and beds, the acceptable facilities and beds, the total facilities and beds estimated to be needed, the net additional beds needed, and the area priority rating. In addition, certain supplementary data have been calculated, namely the percent of the population which is rural, i.e., resides in places of less than 2,500 population, and the percapita income.

The States are required to submit revised Plans annually. In addition, each State may submit interim amendments to its Plan. Since the planning of needed hospital and public health center facilities is new, many States have found it necessary to make frequent amendments to their Plans in order to redelineate areas, reappraise existing facilities, reallocate additional beds needed, etc.

The area priority rating is subject to constant change as the program progresses. An "A" priority area receiving approval of a construction project which will satisfy its hospital bed needs, will cease to be rated "A" and will be assigned a lower priority. As all "A" areas have projects approved, former "B" areas will be changed to "A," "C" areas to "B," etc. The priority ratings shown in Appendix B for the various areas were those shown in the State Plans as of December 31, 1948, but by the time this publication is issued the ratings of a considerable number of areas will have changed.

MENTAL HOSPITALS

The Hospital Survey and Construction Act states that for purposes of the Act the number of beds required to provide adequate hospital services for mental patients shall not be considered to exceed five per thousand population. In other words, this is the limit beyond which Federal funds will not be available for construction. A mental hospital is defined in the Regulations as a hospital for the diagnosis and treatment of nervous and mental illness, excluding institutions for the feeble-minded and epileptics (since such institutions are considered to provide domiciliary care). The distribution of hospitals in this category is usually planned on a State-wide basis. It is recommended that whenever practicable mental hospitals receiving grants under the Federal Act shall be built in centers of population and in proximity to general hospitals.

The mental hospital is generally a fairly large hospital ranging from 500 to 3,000 beds. These institutions, as a rule, have complete facilities in which to care for patients suffering from all types of mental illnesses. The Regulations state that no application may be approved for the construction of a new mental hospital with a capacity of more than 3,000 beds.

In addition to planning for the construction of large mental institutions, emphasis is being placed on making greater use of the general hospital for the diagnosis and treatment of mental diseases in their early stages. The State Plans indicate that the State Agencies are giving considerable thought to the idea of constructing mental beds as units of, or in conjunction with, general hospitals.

TUBERCULOSIS HOSPITALS

Under the Act the Federal Government will not contribute funds for the construction of tuberculosis hospital beds in excess of a ratio of 2.5 beds per average annual death from tuberculosis in the State from 1940 to 1944, inclusive. As with mental hospital facilities, the planning of tuberculosis facilities is usually on a State-wide basis. Insofar as practicable, it is considered advisable that separate tuberculosis hospitals should have not less than 200 nor more than 500 beds, since in this size range maximum efficiency with minimum operating expenses may be achieved.

It has also been recognized that the general hospital plays a very important role in the fight against tuberculosis, inasmuch as it offers facilities necessary to coordinate research, prevention, and treatment. If preventive measures are applied promptly, the incidence rate of tuberculosis will decrease sharply with the result that fewer beds will be required to hospitalize patients. Consequently, many of the States have indicated that they have definite or tentative plans to promote the construction of tuberculosis beds as units of, or in conjunction with, general hospitals. In some States, tuberculosis hospitals which are convertible to general hospitals are also being designed and constructed.

CHRONIC DISEASE HOSPITALS

The Act specifies that Federal funds may not be used to construct hospital facilities for chronic disease in excess of two beds per thousand population. The Regulations define a chronic disease hospital as "a hospital, the primary purpose of which is medical treatment of chronic illness, including the degenerative diseases, and which furnishes hospital treatment and care, administered by or under the direction of persons licensed to practice medicine in the State. The term includes such convalescent homes as meet the foregoing qualifications. It excludes tuberculosis and mental hospitals, nursing homes, and also institutions, the primary purpose of which is domiciliary care." As in the case of beds for mental and tuberculosis patients, planning for the distribution of chronic disease facilities is usually on a State-wide basis.

It has been suggested to the States that insofar as practicable, they plan chronic disease hospitals as units of general hospitals. Constructing chronic disease hospitals as administrative parts of general hospitals will help to insure active treatment of chronic disease patients and promote the improvement of remediable cases. If this plan is found impractical, the

States are advised to locate independent chronic disease hospitals as near as possible to general hospitals.

Construction plans for chronic disease hospitals contained in the State Plans are very limited in scope or completely lacking. In general, the State Agencies indicate that further study of the entire problem is necessary before it is possible to develop a sound chronic disease hospital program.

PUBLIC HEALTH CEMTERS AND RELATED FACILITIES

In addition to aiding the States and local communities in the construction of hospitals and related facilities (such as nurses' homes, clinics and out-patient departments) Federal funds may also be used for the construction of public health centers. A public health center is defined as "a publicly owned facility utilized by a local health unit for the provision of public health services, including related facilities such as laboratories, clinics, and administrative offices operated in connection with public health centers." A local health unit may be a single county, city, county-city, or local district health unit, as well as a State health district unit where the primary function of the State district unit is the direct provision of public health services to the population under its jurisdiction.

The Act states that for purposes of Federal aid the number of public health centers and the general distribution of such centers throughout the State shall not exceed one per 30,000 population, except that in States having less than 12 persons per square mile the number shall not exceed one per 20,000 population. No limit is placed upon the number of related public health facilities which may be constructed with Federal funds. The Regulations specify that "the general method of distribution of public health centers throughout the State shall conform to the plan of organization of local health units within the State." On this basis, each State was divided into areas served or proposed to be served by local health units. The size of the public health areas varies from State to State. Several States have designated each county as a public health area or a district; other States have combined two or more counties.

The number of public health centers planned for each area depends on its population and the policy established by the State Agency. Thus, in several States, one public health center has been planned for each area, although in many areas additional ones could have been planned on the basis of the ratios set forth in the Act. For the entire country, the number of proposed health centers plus existing acceptable centers amounts to approximately half of the total number of health centers which would be eligible for Federal aid under the maximum ratios in the law.

CHAPTER III

EXISTING FACILITIES AND NEEDS

GENERAL HOSPITALS

On the basis of the bed ratios prescribed as limits for Federal aid under the Act, the 52 States and Territories (exclusive of Nevada, which as of December 31, 1948, had not submitted a Plan) have estimated that a total of 652,611 general hospital beds are needed for the care and treatment of acute conditions. The State Plans (as of December 31, 1948) show that 474,532 general hospital beds, exclusive of those in Federal hospitals, are in existence. Of these existing beds 397,168 are considered by the State Agencies to be acceptable, while 77,364 have been declared nonacceptable by the State Agencies because of unsuitable design, fire hazards, health hazards, etc. To meet needs as determined by the States 255,443 more general hospital beds are needed.

Data from the State Plans on the number of existing general hospital beds and the additional beds needed are summarized in Table I. The number of existing acceptable beds per 1,000 population varies from zero in the Virgin Islands to 4.7 in Montana. Four States and three Territories, Alabama, Arkansas, Maine, Mississippi, Alaska, Hawaii, and the Virgin Islands, have less than 2.0 beds per 1,000 population and only one State, Montana, has more than 4.5 beds per 1,000 population. However, Montana has less than 6 persons per square mile, making its standard ratio of total need 5.5 beds per 1,000 population. Thus the Plans show that no State or Territory has enough acceptable beds to meet the standards set forth in the Act.

HOSPITAL SERVICE REGIONS AND AREAS

The 52 State and Territorial Plans show for the first time the extent to which logical hospital service areas within the States are supplied with hospital facilities, the number of people living in areas which should have but do not have facilities, and the needs of all areas for additional facilities.

Among the various States and Territories (except Nevada), a total of 375 regions have been designated as hospital service regions by the State Plans. (Figure I). Within regions, 2,323 service areas have been outlined, 104 of which are base areas, 647 intermediate, and 1,572 rural (Table II). Less than one-third of the regions contain base areas, whereas there are approximately 2 intermediate and 4 rural areas to a region. Base areas, on the average, have a population of 535,395; intermediate areas 73,695; and rural areas 23,068.

The average service area has 171 existing acceptable beds, or 2.9 per 1,000 population. Table III shows that base areas have an average of 3.8 beds per 1,000 population; the average decreases to 2.7 beds per 1,000 persons in intermediate areas and to 1.5 per 1,000 in rural areas. Although there is a total need for 3.5 beds per 1,000 population in rural areas as contrasted with 4.7 in intermediate and 5.4 in base areas, the need for additional beds is

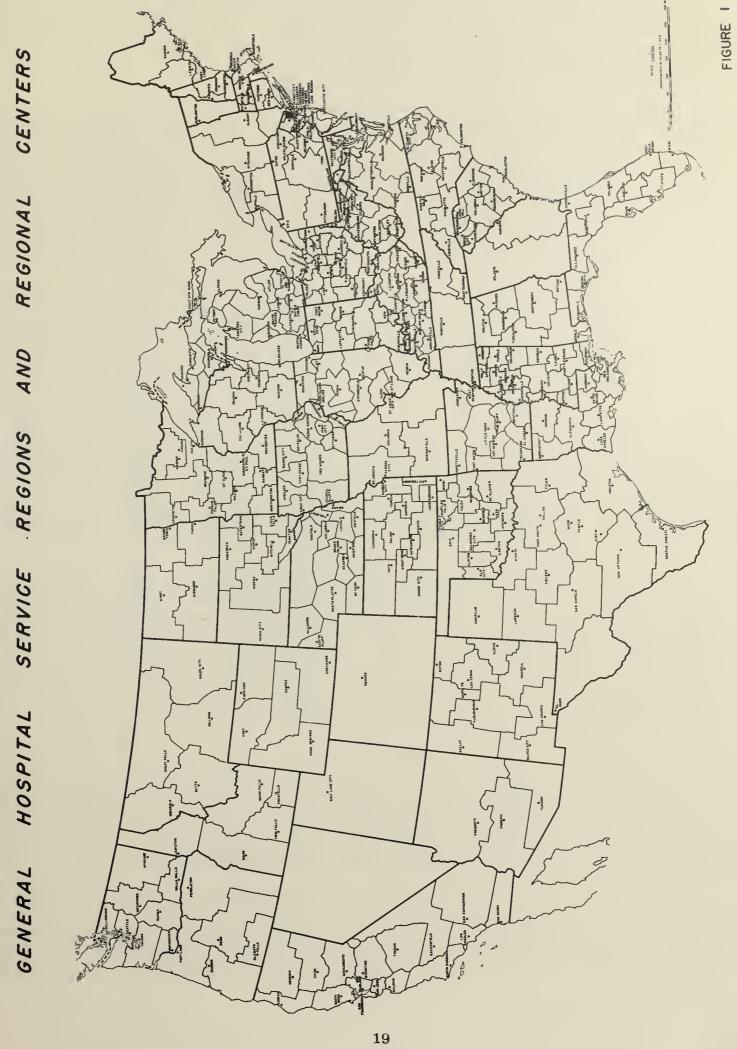
GENERAL HOSPITAL BEDS EXISTING BEDS, ADDITIONAL AND TOTAL BEDS NEEDED BY STATE

		 	EXISTI	NG BEDS			
				ACCEPT	ARIF	ADDITIONAL	TOTAL
STATE	POPULATION	TOTAL	NON- ACCEPTABLE	NUMBER	PER 1,000 POPULATION	BEDS NEEDED	BEDS NEEDED
United States and Territories, Total	139,702,175	474,532	77,364	397,168	2.8	255,443	652,611
United States, Total	137,022,956	464,486	74,074	390,412	2.8	250,043	640,455
Alabama Arizona Arkansas California Colorado Connecticut Delaware Dist. of Columbia Florida Georgia Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Minnesota Mississippi Missouri Montana Nebraska New Hampshire New Jersey New Mexico New York North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming	2,728,120 648,195 1,877,409 9,605,000 1,060,239 2,016,000 293,195 2,488,393 4,548,109 3,248,314 7,587,955 2,488,314 7,587,955 2,488,314 7,587,955 2,488,397 2,548,697 2,494,559 2,4966,897 2,996,240 1,275,448 4,217,108 1,217,108 1,217,108 1,217,108 1,217,108 1,217,108 1,217,108 1,217,108 1,217,108 1,217,108 1,217,108 1,217,108 1,217,108 1,217,108 1,217,108 1,217,108 1,217,108 1,454,480 1,454,480 1,454,480 1,454,480 1,454,480 1,454,480 1,454,480 1,454,480 1,454,480 1,454,480 1,454,480 1,454,480 1,454,480 1,452,480 1,453,106 2,832,480 1,532,355 3,162,600 2,810,278 1,732,355 3,162,000	6,58,440 6,24,8867,11122 71,73619149103591193593745628675931426867593119359374563893511426717762955683698114425266397363855142683217776211	1,687 274552 1,9567 1810 1,9567 1810 1,9568 1,9568 1,9568 1,3723 1,4039 1,4039 1,4039 1,4039 1,4039 1,4039 1,4039 1,4039 1,4039 1,5247	4,5570 886 2,5590 8,5570 27,8593 1,110 3,580 1,1110 3,580 1,580 1,580 1,590 1,590 1,590 1,651 1,900 1,333 1,900 1,900 1,115 1,900 1,	8989970692401687997977572897244547757044448727 1312374222401687997977572897244547757044448727	71,346,3735,37901,3339979193247666933222476893319486850288840 71,346,255,5014733646738663322244700188129319486850288840 71,5612 13,711843642253454 2 31891422714 64 5135	277774462888827677777484625641838882278779354709274927999081113935278793547092749279990811139353274888887633965352887679537860161772779566990956774979799008111393532148836223396538312129755
Territories, Total	2,679,219	10,046	3,290	6,756	2.5	5,400	12,156
Alaska Hawaii Puerto Rico Virgin Islands	87,631 523,802 2,038,628 29,158	449 2,547 6,753 297	322 1,763 908 297	127 784 5,845 -	1.4 1.5 2.9	362 1,573 3,329 136	489 2,357 9,174 136

NUMBER OF GENERAL HOSPITAL SERVICE AREAS BY STATE

			NUMBER (OF AREAS	
STATE	REGIONS	TOTAL		INTERMEDIATE	RURAL
United States and Territories, Total	375	2,323	104	647	1,572
United States, Total	371	2,292	102	638	1,552
Alabama Arizona Arkansas California Colorado Connecticut Delaware District of Columbia Florida Georgia Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Minnesota Mississippi Missouri Montana Nebraska New Hampshire New Jersey New Mexico New York North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming	7301612112509329835691174532197847456198421168285	6493922 321776485217788434 335057723 44334712 33922 321776485217788434 335057723 4433471	3112121132 121321211421 151117 154 1311513 1431143 2 1	21249662-4655821955829147624346938376467962454315	36142252 - 01476667906750327474197073165 - 75241 - 688887
Territories, Total	4	31	2	9	20
Alaska Hawaii Puerto Rico Virgin Islands	1 1 1	16 6 7 2	1 1 -	36 -	16 2 - 2

DISTRIBUTION	O F	GENERAL HOSPITAL S	ITAL SERVICE IONAL BEDS N	100	AREAS, TOTAL	BEDS OF AF	NEEDED,	EXISTING	BEDS	AND
		Uni	ited States	ses and	. Territories	ries $\frac{1}{2}$				
			Total Nee	Beds		Existing	ing Beds Acceptabl	Φ	Additional Beds Needed	onal
Type of Area	Number of Areas	Number of Areas (thousands)	Number	1,880 For.	Total	Number	Per 1,000 Pop.	Percent of Total Needed	Number	Per 1,000 Pop.
Total Areas	2,323	139,702	652,611	L- 4	474,532	397,168	2.9	6.09	255,443	1.8
Base Intermediate Rural Unassigned	104 647	55,681 47,681 36,263	298,662 225,442 127,194 1,313	らする	239,138 158,114 77,179	210,455 130,506 56,106 101	2004 1010	27.05 20.04 20.00	88,207 94,936 71,088 1,212	900
Areas with Acceptable Beds	1,729	129,673	617,493	8.	464,030	397,067	3.1 L.	64.3	220,426	1.7
Base Intermediate Rural	104 613	55,681 46,518 27,474	298,662 220,512 98,319	らみろ	239,138	210,455	2000 2000 2000 2000	70.5 59.2 57.1	88,207 90,006 42,213	4 6 0 0
Areas with No Acceptable Beds	594	9,952	33,805	4. €	10,401	ı	1	1	33,805	್ ಕ್
Base Intermediate Rural	560	1,163	4,930 28,875	3.00	1,970	1 1 6	1 1 1	1 1 1	4,930	-4 m
Unassigned	ı	77	1,313	1	101	101	ı	1	1,212	1
1/ Excluding N	Nevada.									



relatively greater in the rural areas than in the others. Rural areas now have 44.1 percent of the total number of beds needed while intermediate and base areas have 57.9 percent and 70.5 percent, respectively. (It is noted that several States did not assign all of their existing and estimated additional beds needed to specific areas).

Of the 2,323 general hospital service areas, 594, or 25.6 percent, have no existing acceptable beds. According to the State Plans, almost 10 million people or 7.1 percent of the total population, are living in these 594 areas. This does not mean that the remaining hospital service areas containing 92.9 percent of the population are being adequately served by their existing beds. Of the total 255,443 additional beds needed, 220,426 beds, or 86.3 percent, are needed in areas with existing acceptable facilities. The 1,729 areas with existing acceptable facilities have only 3.1 beds per 1,000 population compared with an estimated total need of 4.8 per 1,000 population.

Among the 594 hospital service areas having no existing acceptable beds, 560 are rural areas and 34 are intermediate areas. The 560 rural areas comprise 35.6 percent of the total rural areas. A total of 71,088 additional beds are needed in all rural areas and approximately two-fifths of this total are needed in the 560 rural areas without any existing acceptable beds.

A total of 6,455 general hospitals were found to be in existence at the time the State Plans were submitted for approval; of these 4,407 were classified as wholly or partly acceptable (Table IV). Acceptable beds, it will be recalled, total 397,168. Upon completion of the program, it is estimated that the 652,611 total general hospital beds needed will be distributed in 6,040 facilities. Thus, the average acceptable facility at that time will have a bed capacity of 108 beds compared with 90 acceptable beds in the existing acceptable facilities.

The construction program as envisioned by the State Agencies will have the effect of increasing the average size of hospitals in all three types of areas. At present there are, on the average, 162 acceptable beds per acceptable facility in base areas, 84 beds per facility in intermediate areas and 36 beds per facility in rural areas. As outlined in the State Plans, hospitals in base areas upon completion of the program, will have an average bed capacity of 202 beds, the hospitals in intermediate areas an average of 115 beds, and hospitals in rural areas an average of 49 beds.

RURALITY OF HOSPITAL SERVICE AREAS

To obtain a measure of the degree of rurality of each of the general hospital service areas in the United States, the number and percent of the total population residing in places of less than 2,500 population in 1940 were calculated for each area. These data are shown for each hospital service region and area in the detailed State tables in Appendix B of this report.

A summary of these data by type of area for the United States and the Territories indicates wide differences among the three types of areas in the percent of the total population which is rural (as defined above). In base areas, only 15.1 percent of the population is rural, compared with 47.3 percent and 75.9 percent in intermediate and rural hospital service areas, respectively.

NUMBER	NUMBER AND AVERAGE SIZE OF EXISTING GENERAL HOSPITAL FACILITIES AND TOTAL FACILITIES NEEDED BY TYPE OF AREA United States and Territories 1/	SIZE OF EXTAL FACILITY OF FACILITY OF FACILITY	SIZE OF EXISTING GENERAL HOSPITA AL FACILITIES NEEDED BY TYPE OF United States and Territories 1/	TYPE OF ARE	ACILITIES AND	OF
	Total Existing	ting	Existing Acceptable	ceptable	Total N	Needed
Type of Area	Number of Facilities	Average Beds Per Facility	Number of Facilities	Average Beds Per Facility	Number of Facilities	Average Beds Per Facility
Total	6,455	74	4,407	06	6,040	108
Вазе	1,631	147	1,302	162	1,478	202
Intermediate	2,223	71	1,561	84	1,962	115
Rural	2,600	30	1,543	36	2,598	6#
Unassigned	Ч	ı	Т	1	2	ı
						- 4
1/ Excluding Nevada.	levada.					

Population and bed data for the 2,323 general hospital service areas also were determined for areas of different degrees of "rurality" in order to determine the magnitude of the problem of providing hospital service for rural residents. The data in Table V show that 593 of the 2,323 general hospital service areas, or 25.5 percent, are completely rural, i.e., there are no incorporated places of more than 2,500 population as shown in the 1940 Census. Approximately 8 million people live in these 593 completely rural areas. These areas are now served by 12,223 general hospital beds of which 7,914 are acceptable -- a ratio of 1.0 acceptable beds per 1,000 population. The State Plans estimate a total need for 27,583 beds, or 3.5 per 1,000 population, in these completely rural areas.

The average number of people per area residing in the 593 areas which are completely rural is 13,221; the 146 areas which are less than 25 percent rural (i.e., are more than 75 percent urban) have an average population per area of 376,445. The data in Table V indicate the relatively greater need for additional beds in the more rural areas compared with urban areas. Areas which are 100 percent rural have only 28.7 percent of the hospital beds which they need. This percentage increases steadily with the decrease in area rurality, areas which are less than 25 percent rural having 70.9 percent of the beds they need.

PER CAPITA INCOME OF HOSPITAL SERVICE AREAS

Various studies have indicated that the existence of hospital facilities is closely related to the financial standing of the community or area served. To measure the extent of the effect of income on the supply of hospital facilities in hospital service areas, these areas (as outlined by the State Plans) have been grouped according to the area per capita income. The net effective income per capita, i.e., disposable income or income after tax payments, for the year 1946, as reported by Sales Management, was used for this purpose. The 1946 net per capita income was calculated for each hospital service area in the continental United States and is shown in the detailed State tables in Appendix B of this report. Data on per capita income in the Territories are not available and the Territories are therefore omitted from this summary.

In those States where the hospital service areas were delineated on a county basis, the per capita income data were taken directly from Sales Management. In those States where the hospital service areas consist of two or more counties or combinations of parts of counties, the per capita income of the area was derived by averaging the per capita incomes of the counties weighted by the estimated number of people residing in the respective counties or parts of counties included in the area.

As a second step, a distribution of the areas by an index of average per capita income was prepared. This index was obtained by dividing the per capita income for each area by the average for the State and multiplying by 100.

^{1/} Sales Management, "Survey of Buying Power" Number, May 10, 1947. Published by Sales Management, Inc., 386 Fourth Avenue, New York 16, N. Y.

DISTR	DISTRIBUTION OF		SPITAL BEDS State	AREAS NEEDED	FOTAL BEDS BY RURALITY	SEDS NEEDED, LITY OF AREA		BXISTING BEDS	EDS AND	
- d	Number		Total Bed Needed	Beds		Existing	l lol	ψ.	Additional Beds Needed	na1
Rurality of Area	(of Population Areas (thousands)	Number	1,000 Pop.	Total	Number	1,000 Pop.	Percent of Total Needed	Number	Per 1,000 Pop.
Total	2,323	139,702	652,611	7.4	474,532	397,168	2.9	6.09	255,443	1.8
100	593	7,840	27,583	3.5	12,223	7,914	1.0	28.7	19,669	2.5
75.0 - 99.9	558	18,695	68,070	3.6	38,665	29,114	1.5	42.8	38,956	2.1
50.0 - 74.9	705	30,104	133,617	ተ° ተ	92,187	72,898	₽•2	9.45	60,719	2.0
25.0 - 49.9	321	28,025	141,913	5.1	105,235	88,586	3.2	62.4	53,327	1.9
0 - 24.9	146	54,961	280,115	5.1	226,121	198,555	3.6	6.07	81,560	1.5
Unassigned	ı	7.7	1,313	1	101	101	ı	ı	1,212	ı
1/ Computed on the less than 2,500		basis of that propulation, de	t proportion	of	he p	검검	an area re	residing of United	in places	s of Pop-
2/ Excluding Nevada.	Vol. 1, Bu g Nevada.	reau of Census.	sus.			i	1		1	1

The distribution of the areas by type shows that base areas are wealthier than rural areas. The average per capita income for the continental United States, excluding Nevada, in 1946 was \$1,018. For base areas, average per capita income was \$1,215, compared with \$969 for intermediate areas and \$786 for rural areas. The relatively richer areas, it was found, are better supplied with hospital beds than are the poorer areas. (See Table VI). Areas with incomes of less than 50 percent of the average for their State have approximately 32.9 percent of the total beds which they need. The percentage increases as the income increases. Areas with average per capita incomes equal to or above the average for the State have 67.6 percent of the total number of beds which they need.

PRIORITY OF HOSPITAL SERVICE AREAS

As described previously (see page 11) each State Plan must set up a priority system for general hospital projects.

Table VII shows the distribution of areas by priority, the total number of people residing in areas of each priority group and the existing beds and additional beds needed. (Note: The number of areas shown in Table VII exceeds the actual number of general hospital service areas, inasmuch as in Minnesota, North Dakota, and part of California priorities were assigned on a community basis within areas, rather than on an area basis only. For the United States and Territories there were a total of 2,403 areas or communities to which priorities have been assigned.)

In the country as a whole there are 658 general hospital service areas to which the State agencies have assigned an "A" priority. These areas, which contain almost 15 million people, have a total of 9,184 acceptable beds, or a ratio of 0.6 beds per 1,000 population. According to the State Plans, these areas need 48,705 additional beds.

As would be expected, the high priority areas are, in general, more rural and have a lower per capita income than the low priority areas. For example, areas assigned to the "A" priority group are 76.0 percent rural; "D" priority areas, on the other hand, are 26.3 percent rural. With respect to income, the 658 "A" priority areas have an average per capita income of \$703 compared with an average of \$1,153 in "D" areas. The per capita income and percent rurality of the areas in each of the priority groups are as follows:

Areas of Specified Priority	Per Capita Income	Percent Rurality
Total	\$ 1,010	43.8
A	703	76.0
В	848	56.7
C	976	45.8
D	1,153	26.3
E	1,122	35.3
F	1,074	31.7
G, H, I	1,087	43.6

AND
BEDS
HOSPITAL SERVICE AREAS, TOTAL BEDS NEEDED, EXISTING BEDS AND IAL BEDS NEEDED BY INDEX OF PER CAPITA INCOME 1/
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Additional Beds	Number 1,000 Pop.	250,043 1.8	7,041 2.1	44,843 2.0	77,696 1.9	119,251 1.7	1,212
Ac							
	Percent of Total	61.0	32.9	43.6	57.1	9.79	ı
g Beds	r 1,000 P	. 0	1.1	1.6	2.5	3.5	ı
Existing Beds	Number	390,412	3,460	34,707	103,214	248,930	101
	Total	984,494	4,231	46,253	126,748	287,153	101
3eds	Per 1,000 Pop.	2.4	3.5	3.6	ቱ. ቱ	5.5	ŧ
Total Beds	Number	640,455	10,501	79,550	180,910	368,181	1,313
	Number of Population Areas (thousands)	137,023	3,283	21,933	41,324	904,07	22
	Number of Areas	3/2,292	154	779	933	426	ı
	Lndex or Per Capita Income	Total	Under 50	50.0 - 74.9	6.66 - 0.57	100.0 and over	Unassigned

Computed on the basis of the relationship of area per capita income to State per capita income, area per capita income is for the year 1946 and was derived from data in Sales Management, "Survey of Buying Power", May 10, 1947, Sales Management, Inc.

2/ Excluding Nevada.
3/ Differs from the nu

Differs from the number of areas shown in previous tables since the Territories are not included.

DISTRIBUTION OF GENERAL HOSPITAL SERVICE AREAS,	GENERAL F	IOSPITAL SERV	VICE AREA	□	EXISTING BEDS,		ADDITIONAL	AND TOTA	TOTAL BEDS N	NEEDED
		Un ite d	d States	and	Territories	1/				
			Total Need			Existing	Beds eptabl	0	Additional Needed	nal
Priority of Area	Numbe of Areas	Population 2/(thousends)	Num	rer 1,000 Pop.	Total	Number	Per 1,000 Pop.	Percent of Total Needed	Number	rer 1,000 Pop.
Total	2,403	139,702	652,611	L. 4	474,532	397,168	2.9	6.09	255,443	1.8
А	658	14,788	57,889	3.9	23,561	9,184	9.	15.9	48,705	3.3
В	389	19,978	802,78	† • †	47,620	34,231	1.7	39.0	53,477	2.7
Ö	472	29,596	133,491	4.5	88,475	73,107	2.5	54.8	60,384	0.0
А	110	45,893	220,354	8•4	178,474	157,427	3.4	71.4	62,927	1.4
떱	294	19,328	100,950	5.2	999,78	80,541	4.2	8.67	20,409	1.0
Ĩ ^I	137	8,080	39,888	6.4	38,135	33,093	4.1	83.0	6,795	Φ
С, н, п	29	1,759	9,638	5.5	8,800	7,784	4.4	80.8	1,854	1.1
Unassigned	1.4	280	2,693	ı	1,801	1,801	ı	1	892	ı
1/ Excluding Nev 2/ Includes all	Nevada. 11 communities	ties and areas	es which are		assigned priorities	iorities	(see	F. 24).		

In addition to being relatively richer and more urban, the areas having lower priorities are better supplied with hospital beds than the high priority areas. "A" priority areas have 0.6 existing acceptable beds per 1,000 population; the ratio increases steadily to more than 4.0 beds per 1,000 persons in the E, F, G, H, and I priority areas. Although there is an estimated total need for 3.9 beds per 1,000 population in "A" priority areas contrasted with 4.4 or more in the lower priority areas, the need for additional beds is relatively greater in the higher than in the lower priority areas. Only 15.9 percent of the total beds needed in "A" priority areas are met by existing acceptable facilities compared with approximately 80 percent in E, F, G, H, and I priority groups.

MENTAL HOSPITALS

Although 42 percent of all the existing beds in this country are mental beds (excluding beds in institutions for the feeble-minded), the State Plans report a need for nearly double the present number of acceptable beds. A total of 640 existing facilities having 428,931 mental beds are reported; of these beds 47,304 have been declared nonacceptable by the State Agencies. This leaves a total of 381,627 existing acceptable beds, or 2.7 beds per 1,000 population. On the basis of five beds per 1,000 population, the 52 States report a need for 310,523 additional mental beds (Table VIII). Thus, the States have at present only 55 percent of their total needs met by existing acceptable mental beds.

Two of the Territories, Alaska and the Virgin Islands, report no existing acceptable beds and only one State, Vermont, with 5.5 beds per 1,000 population, has more beds than allowed under the ratio prescribed by the Act as the limit for Federal aid. The following figures show the distribution of the 52 States according to the number of existing acceptable beds per 1,000 population:

Beds per 1,000	Number of
Population 0 0.1 - 0.9 1.0 - 1.9 2.0 - 2.9 3.0 - 3.9	States
0	2
0.1 - 0.9	1
1.0 - 1.9	15
2.0 - 2.9	15 ,
3.0 - 3.9	11
4.0 - 4.9	7
5.0 and over	1
	52

Among the States there is wide variation in the stage reached in plans for additional mental beds. Of the 310,523 additional mental beds needed in the States and Territories, 150,693 beds are assigned by the State Plans to specific communities or hospitals. The remaining 159,830 beds, or 51.5 percent of the additional beds needed, have not been specifically assigned, pending the completion of studies under way, or further evaluation of existing programs.

MENTAL HOSPITAL BEDS
EXISTING BEDS AND FACILITIES, ADDITIONAL AND TOTAL BEDS NEEDED BY STATE

		EXISTING BEDS			ADDITIONAL BEDS NEEDED			mem. 7	
	EXISTING			ACCEP	TABLE			UNASSIGNED	TOTAL BEDS
	FACILITIES	TOTAL	NON- ACCEPTABLE	NUMBER	PER 1,000 POPULATION	TOTAL	ASSIGNED		NEEDED
United States and Territories, Total	640	428,931	47,304	381,627	2.7	310,523	150,693	159,830	691,958
United States, Total	632	426,773	47,153	379,620	2.8	299,145	139,424	159,721	678,573
Alabama Arizona Arkensas California Colorado Connecticut Delaware Dist. of Columbia Florida Georgia Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Minnesota Mississippi Missouri Montana Nebraska New Hampshire New Jersey New Mexico New York North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming	311088220529324165957141151134016639441121301691	5,256 29,256 4,7408 5,256 29,268 4,286 5,229 6,2386 6,	737 	5,2506 28,3104 5,226,3104 28,32114 3,225,835 71,584 3,2114	192996916058427894762521799497622909585499542386	7,995 12 12 12 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15	200 1,995 7,181 2,879 60 233 5,550 24,399 8,673 1,179 4,813 1,8678 1,523 5,600 35 6,958 1,864 4,833 2,964 21,598 2	7,712	13,641 13,24576 13,24576 13,3696 14,07430 10,46763 11,5,369633 11,5,369633 11,5,369633 11,5,369633 11,5,369633 11,5,36963 11,5,36963 11,5,36963 11,5,36963 11,5,36963 11,5,36963 11,5,36963 11,79520 12,79520 13,79520 14,77520 15,77520 16,77520
Territories, Total	8	2,158	151	2,007	0.7	11,378	11,269	109	13,385
Alaska Hawaii Puerto Rico Virgin Islands	- 2 3 3	- 809 1,318 31	120 - 31	- 689 1,318 -	1.3 .6 -	438 1,931 8,875 134	438 1,931 8,875 25	- - 109	438 2,620 10,193 134
							L	L	

Only 16 States and three Territories have allocated all of the additional mental beds needed. Even these allocations are usually very tentative depending upon future developments.

As indicated previously, considerable thought has been given to the problem of constructing mental units in general hospitals for the diagnosis and treatment of mental disease in its early stages. Thirty-two State Plans indicate they either are promoting such plans or will promote them upon completion of studies which are under way.

TUBERCULOSIS HOSPITALS

The State Plans report a total of 589 facilities having 85,466 tuberculosis beds; of these beds 72,560 are classified as acceptable by the State Agencies (Table IX). On the basis of the prescribed ratio of 2.5 beds per average annual death from tuberculosis for the period 1940 through 1944, the 52 States and Territories have estimated they need a total of 154,836 beds for the care of tuberculosis patients or 82,541 more than the present number of existing acceptable beds. In other words, only 1.17 beds per average annual death from tuberculosis are now available in the country as a whole, or less than half of the total beds estimated to be needed under the ratio set forth in the Act.

Three States, Connecticut, Minnesota and North Dakota, report that they have more than 2.5 beds per tuberculosis death, i.e., more beds than the limit set for Federal aid. Another State - Colorado - has more than 2.5 beds per average annual death but approximately two-thirds of its beds are for the use of out-of-State residents, and additional beds are required for use of State residents. The Virgin Islands reported no acceptable tuberculosis beds, and 18 additional States and Territories have less than one bed per average annual death from tuberculosis, or less than two-fifths of the total tuberculosis beds needed. The following is a distribution of the 52 States and Territories by the number of existing acceptable beds per average annual death (during the years 1940 - 1944) from tuberculosis:

Number of Beds per Average Annual Death From	Number of States
Tuberculosis	
0	1
0.01 - 0.49	4
0.50 - 0.99	14
1.00 - 1.49	15
1.50 - 1.99	10
2.00 - 2.49	4
2.50 and over	4
	52

Of the 82,541 additional beds needed, 61,153 beds have been assigned to specific hospitals or locations, leaving 21,388 beds to be programmed at some future date. Twenty-five States and Territories have programmed all of the

TABLE IX

TUBERCULOSIS HOSPITAL BEDS EXISTING BEDS AND FACILITIES, ADDITIONAL AND TOTAL BEDS NEEDED BY STATE

									1
		EXISTING BEDS			ADDITIONAL BEDS NEEDED				
STATE	EXISTING		NON- ACCEPTABLE	ACCEPTABLE					TOTAL BEDS
	FACILITIES	TOTAL		NUMBER	PER TUBER- CULOSIS DEATH	TOTAL	ASSIGNED	UNASSIGNED	NEEDED
United States and Territories, Total	589	85,466	12,906	72,560	1.17	82,541	61,153	21,388	154,836
United States, Tota	1 570	82,005	12,254	69,751	1.23	72,119	50,736	21,383	141,605
Alabama Arizona Arkansas California Colorado Connecticut Delaware Dist. of Columbia Florida Georgia Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Minnesota Mississippi Missouri Montana Nebraska New Hampshire New Jersey New Mexico New York North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee lexas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming	772257248412263125757639112943413051361921372401	5799 1,3511 6,7270 1,7193 1,7193 1,0188 5,77918 1,028 5,77918 1,028 5,77918 1,028 6,2866 1,77918 1,028 6,2866 1,386 6,9580 2,28999 1,124 6,2866 1,328 6,2866 1,296 6,2866 1,196 6,2866 1,19	60 - 5530 - 1253 - 1253 - 1253 - 1432 - 1432 - 14353 - 1469 - 184 - 184	199123258 555110513258 1,05285766284466198555099944 1,164564463341198 1,1646646341198 1,1646646341198 1,1646646341198 1,1646646341198 1,1646646341198 1,1646646341198 1,1646646341198 1,1646646341198 1,1646646341198 1,1646646341198 1,1646646341198 1,1646646341198 1,1646646341198 1,1646646341198 1,1646646341198 1,1646646341198 1,1646646341198 1,164664646341198 1,164664646341198 1,16466464646341198 1,16466464646464646464646464646464646464	3905838837998883135688745370802160216821564053222 1.2211 1.12222 1.16879314899871564222711.8 1.2222 1.16891489987156422211.8 1.12222 1.1221	2,939 995 977,367 122 939 1,367 1,22 1,665 1,308 2,138 1,317 3,308 1,317 1,2862 31,211 1,434 1,2862 31,211 1,434 1,2862 31,211 1,2862 31,2862	2,939 995 979 3,648 200 -122 400 1,050 182 3,138 1,917 1,954 46 -1,975 1,434 46 -1,975 1,434 46 -1,975 1,434 46 -1,975 1,434 46 -1,975 1,434 46 -1,975 1,434 46 -1,975 1,434 46 -1,975 1,434 46 -1,975 1,434 46 -1,975 1,434 46 -1,975 1,434 46 -1,975 1,434 46 -1,975 1,434 1,917 1,917 1,918 1,917 1,918 1	3,719 454 - 439 1,265 959 - 258 2,136 1,804 - 1,857 112 303 121 231 568 1,005 - 34 - 3,047 - 153 1,034	3,534 2,5398 1,53398 1,53398 1,495 1,480 2,70580 1,5227 7,0980 1,5227 7,0980 1,5227 7,0980 1,5227 7,14028 3,480 3,490 1,493 1,493 1,493 1,593 1,493 1,593 1,493 1,593 1,493 1,493 1,493 1,593 1,493
Territories, Total	19	3,461	652	2,809	0.53	10,422	10,417	5	13,231
Alaska Hawaii Puerto Rico Virgin Islands	3 4 10 2	137 1,048 2,254 22	21 609 - 22	116 439 2,254	.31 1.66 .49	816 222 9,339 45	816 222 9,339 40	- - - 5	932 661 11,593 45

additional tuberculosis beds which they need, while six States have no definite plans for the construction of any of the additional tuberculosis beds estimated to be needed. Twenty-five States have indicated that they have definite or tentative plans to provide for the construction of tuberculosis beds as units of, or in conjunction with, general hospitals.

CHRONIC DISEASE HOSPITALS

The State Plans reveal that there are relatively few beds in existence for the care and treatment of chronic diseases, excluding beds in institutions the primary purpose of which is domiciliary care. (A few of the States included beds in nursing homes in their count of chronic disease hospital beds, but the great majority of the States did not.) A total of 36,250 chronic beds in 571 facilities is reported as existing in the entire country. Of this number, 28,517 beds are considered acceptable by the State Agencies (Table X). On the basis of the ratio of a total need of two beds per 1,000 population, as prescribed by the Act, the 52 States report a need for 248,294 additional chronic beds. On this basis, the Nation has only 10 percent of the total beds needed for the treatment of chronic illnesses.

Nineteen States and Territories report no existing acceptable chronic beds and 31 have less than one bed per 1,000 population. The State of Washington reports the existence of more than 2.0 chronic beds per 1,000 population and the ratio for Rhode Island is 1.62. The following is a distribution of the 52 States and Territories by the number of existing chronic beds per 1,000 population:

Beds per 1,000 Population	Number of States		
0	19		
0.01 - 0.24	20		
0.25 - 0.49	7		
0.50 - 0.74	2		
0.75 - 0.99	2		
1.00 and over	2		
	52		

The State Plans indicate that programs for construction of chronic disease beds are very limited in scope or completely lacking. In general, the State Agencies indicate that further study of the entire problem is necessary before it is possible to develop a sound chronic disease hospital program. Only 16 States and Territories have programmed all of the additional chronic disease beds which they need, while 26 additional States and Territories have made partial allocations. In these cases, the State Plans have indicated that present planning is on an experimental basis.

CHRONIC DISEASE HOSPITAL BEDS EXISTING BEDS AND FACILITIES, ADDITIONAL AND TOTAL BEDS NEEDED BY STATE

		EXISTING BEDS		ADDITIONAL BEDS NEEDED					
STATE	EXISTING			ACCEF	TABLE				TOTAL BEDS
	FACILITIES	TOTAL	NON- ACCEPTABLE	NUMBER	PER 1,000 POPULATION	TOTAL	ASSIGNED	UNASSIGNED	NEEDED
United States and Territories, Total	571	36,250	7 ,7 33	28,517	0.20	248,294	126,221	122,073	276,782
United States, Total	561	36,032	7,619	28,413	0.21	243,044	1 21,601	121,443	271,428
Alabama Arizona Arkansas California Colorado Connecticut Delaware Dist. of Columbia Florida Georgia Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Minnesota Mississippi Missouri Montana Nebraska New Hampshire New Jersey New Mexico New York North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming	- 5 28 1 5 1 2 3 4 3 7 2	108 5,282 31 465 236 315 1,085 163 388 7 223 1,081 1,992 398 137 1,081 1,982 2,521 1,100 2,521 2,521 2,521 2,521 2,521 2,521 2,521 2,521 2,521 2,521 2,521 2,521 2,521 2,521 2,521 2,521 2,521 2,521 2	64 1,848 - 145 43 - 223 - 808 120 189 12 - - - - - - - - - - - - -	3,434 465 236 170 450 1,085 163 388 79 170 1,713 1,100 872 209 125 1,081 1,081 2,302 40 5,165 160 108 2,47 1,869 1,192 247 1,869 1,192 1,869 1,192 1,193 1,194 1,1	- 07 - 36 - 28 - 20 - 35 - 35 - 35 - 35 - 35 - 35 - 35 - 35	51,754,997 51,754,997 51,754,997 51,769,097	300 1,254 5,775 145 - 275 475 4321 6,3695 3,586 1,785 3,585 2,738 5,427 3,965 8,531 22,738 5,427 3,9531 21,030 22,531 21,030 22,912 3,669 21,030 22,912 3,069 1,089	5,156 3,755 7,469 2,089 3,460 3,772 4,616 3,47 10,787 4,713 3,256 4,912 1,233 5,304 6,050	51,76780 51,76780 51,76780 51,76780 51,76780 51,76780 51,76780 51,76780 51,76780 51,76780 51,76780 51,7680 51,769180
Territories, Total	10	218	114	104	0.04	5,250	4,620	630	5,354
Alaska Hawaii Puerto Rico Virgin Islands	1 7 2 -	44 114 60	- 114 -		.50 .03	131 1,048 4,018 53	131 441 4,018 30	- 607 - 23	175 1,048 4,078 53

PUBLIC HEALTH CENTERS AND RELATED FACILITIES

The State Plans indicate that the Nation has 479 public health centers and needs an additional 1,836 (Table XI). Eight States and the Virgin Islands report no existing acceptable health centers and only Rhode Island and Alaska indicate that their present number is adequate. No data are submitted for New Hampshire.

With respect to related facilities, 36 States and Territories report 723 existing facilities of this type and a need for 1,386 additional facilities. The Plans of the remaining 16 States and Territories do not include any data on related facilities.

SUMMARY

The State surveys of existing facilities under the Hospital Survey and Construction Act show that there are slightly more than one million beds of all types in existence today, exclusive of beds in Federal hospitals (Table XII). However, approximately 145,000 of these existing beds have been classified as nonacceptable, leaving approximately 880,000 beds which are considered acceptable. General beds constitute 45 percent of the total acceptable; mental, 44 percent; tuberculosis, 8 percent; chronic disease beds, 3 percent.

On the basis of the ratios specified in the Act, the 52 State Plans show that a total of 1,800,000 beds are needed, the net additional number of beds needed being approximately 900,000, distributed as follows: general, 28 percent; mental, 35 percent; tuberculosis, 9 percent; chronic disease, 28 percent. Although the largest number of beds needed is in the mental category, the need is relatively greatest in the chronic disease category, where acceptable beds constitute only 10 percent of the total needed, as shown below:

	Total Beds		Existing Beds			
	<u>Needed</u>		Aco	Beds Needed		
		Total	Number	Percent of Total Needed		
Total	1,776,187	1,025,179	879,872	49.5	896,801	
General	652,611	474,532	397,168	60.9	255,443	
Mental	691,958	428,931	381,627	55.2	310,523	
Tuberculosis	154,836	85,466	72,560	46.9	82,541	
hronic	276,782	36,250	28,517	10.3	248,294	

PUBLIC HEALTH CENTERS AND RELATED FACILITIES EXISTING, ADDITIONAL AND TOTAL FACILITIES NEEDED BY STATE

	HE	ALTH CENTER	RS	RELATED FACILITIES		
STATE						
	EXISTING	ADDITIONAL NEEDED	TOTAL NEEDED	EXISTING	ADDITIONAL NEEDED	TOTAL NEEDED
United States and Territories, Total	479	1,836	2,315	723	1,386	2,109
United States, Total	437	1,783	2,220	696	1,371	2,067
Alabama Arizona Arkansas California Colorado Connecticut Delaware District of Columbia Florida Georgia Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Minnesota Mississippi Missouri Montana Nebraska New Hampshire New Jersey New Mexico New York North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming	33533911382111681 1815111121 9022 72278 242 157311	36274155654266349550405021-218967164-81264533935 721355654266349550405021-218967164-81264533935	67 970 162 56 97 6 35 25 32 4 22 4 23 4 71 66 1 2 4 20 8 10 8 78 8 10 58 20 20 40 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	2 1 - 55 - 16 12 - - 188 - 113 17 15 - 13 288 - - 2 3 - 3 13 13 1 - 1 - 1 - 1 - 1 - 1 - 1 -	10 15 66 32 - 148 116 17 - 16 52 - 1 159 - 14 - 19 14 - 231 - 231 - 231 - 231 - 231 - 24 - 231 - 24 - 24 - 25 - 26 - 27 - 27 - 27 - 28 - 29 - 29 - 29 - 29 - 29 - 29 - 29	12 16 121 32 - 164 128 17 - 104 52 114 2 17 2 174 - 18 17 2 174 - 2 18 18 17 2 17 2 18 18 18 18 18 18 18 18 18 18 18 18 18
Territories, Total	42	53	95	27	15	42
Alaska Havaii Puerto Rico Virgin Islands	15 3 24 -	- 8 44 1	15 11 68 1	2 22 3 -	- 11 - 4	2 33 3

TOTAL HOSPITAL BEDS EXISTING BEDS, ADDITIONAL AND TOTAL BEDS NEEDED BY STATE

	1 1				
C MA ME	EXISTING BEDS			ADDITIONAL	TOTAL
STATE	TOTAL	NON- ACCEPTABLE	ACCEPTABLE	BEDS NEEDED	BEDS NEEDED 1
United States and Territories. Total	1,025,179	145,307	879,872	896,801	1,776,187
United States, Total	1,009,296	141,100	868,196	864,351	1,732,061
Alabama Arizona Arkansas California Colorado Connecticut Delaware District of Columbia Florida Georgia Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Minnesota Mississippi Missouri Montana Nebraska New Hampshire New Jersey New Mexico New York North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming	12,881 4,748 10,592 74,284 10,592 74,284 11,429 16,240 2,856 10,765 14,115 19,058 55,1998 15,985 16,577 18,593 15,985 16,587 18,237 21,369 11,867 36,488 138,212 29,095 43,970 14,576 36,488 138,212 4,919 43,970 14,578 71,084	1,747 338 3,745 12,451 1,051 1,865 738 454 13,935 632 4,865 824 13,937 1,525 12,711 1,525 12,711 1,525 12,711 1,525 12,711 1,527 1,585 1,977 1,276 1,975 1,643 1,758 1,643 1,758 1,643 1,758 1,643 1,758 1,643 1,758 1,643 1,758 1,7	11,134 4,410 6,847 61,833 10,378 16,056 2,744 5,377 18,094 16,682 10,474 10,353 14,361 12,984 17,249 12,249	23,698 5,314 17,109 50,3758 8,983 1,9656 20,947 53,943 10,9656 20,947 53,943 10,9656 11,646 10,3580 10,3580 11,486 10,3580 11,646 11,646 11,646 11,646 11,646 11,651	34,832 9,724 23,956 112,208 14,676 24,810 3,780 10,865 28,043 38,811 95,207 42,098 30,833 34,007 32,388 26,457 74,556 27,388 26,457 74,881 45,388 15,275 53,693 174,881 45,388 174,881 45,388 27,486 38,352 48,369 175,388 27,486 36,457 38,352 48,609 125,388 23,417 38,352 48,609 125,388 23,417 38,352 48,609 125,388 23,417 38,352 48,609 125,388 23,417 38,352 48,609 125,388 23,417 38,352 23,417 38,352 23,417 38,352 23,417 38,352 23,417 38,352
Territories, Total	15,883	4,207	11,676	32,450	44,126
Alaska Hawaii Puerto Rico Virgin Islands	630 4,518 10,385 350	2,606 908 350	287 1,912 9,477	1,747 4,774 25,561 368	2,034 6,686 35,038 368

^{1/} This column does not equal the sum of existing acceptable plus additional beds needed in some States where existing mental, tuberculosis or chronic beds exceed the total needed.

The State Plans reveal the following with respect to public health centers and related facilities:

	Total Needed	Existing	Additional Needed
Public Health Centers	2,315	479	1,836
Related Facilities	2,109	723	1,386

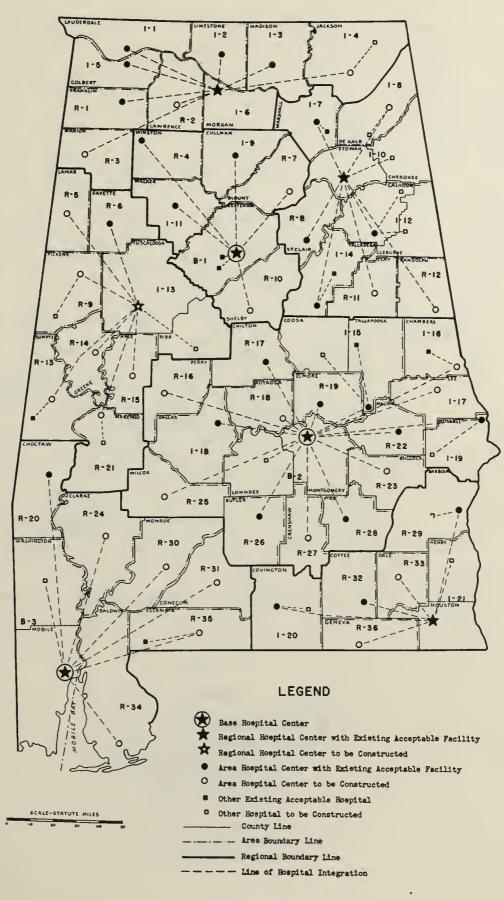
This report has summarized and presented the data from the 52 State Plans for hospital construction as of December 31, 1948. These data present for the first time a comprehensive inventory and appraisal of existing facilities, and a determination through careful planning of the additional facilities needed. Although the goals established may not be reached for many years, the objectives have been clearly defined and a decisive step has been taken toward the provision of the physical facilities necessary to provide adequate medical care to all our people.

APPENDIX A

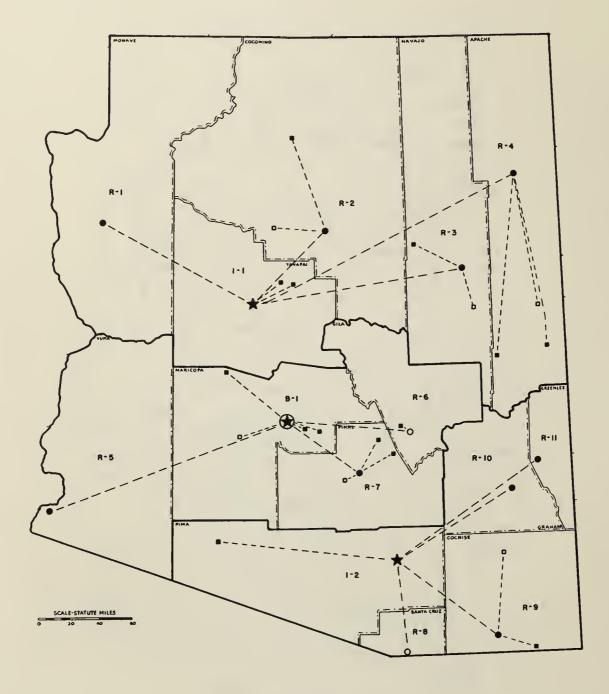
STATE MAPS: GENERAL HOSPITAL SERVICE AREAS AND REGIONS



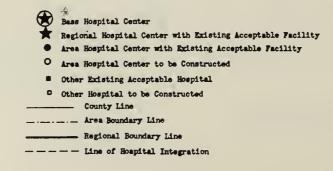
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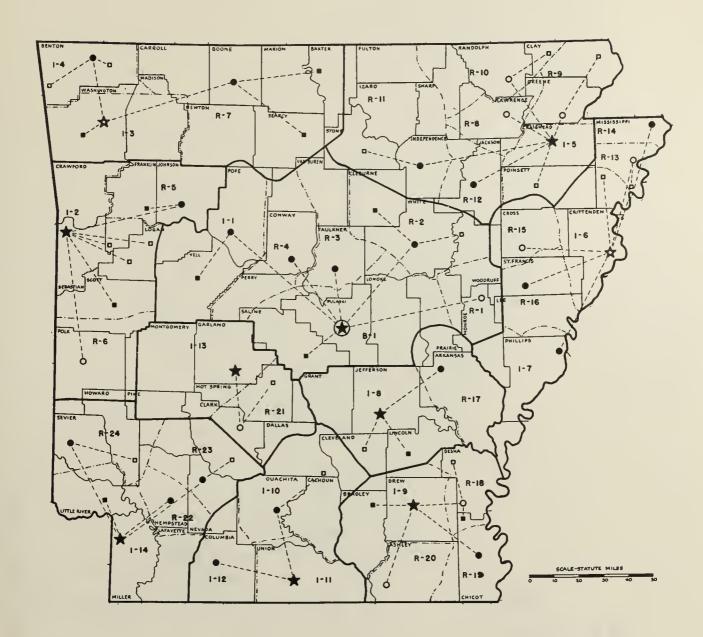
ARIZONA



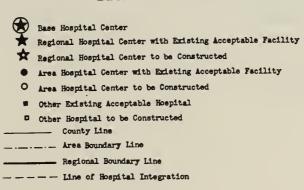
LEGEND



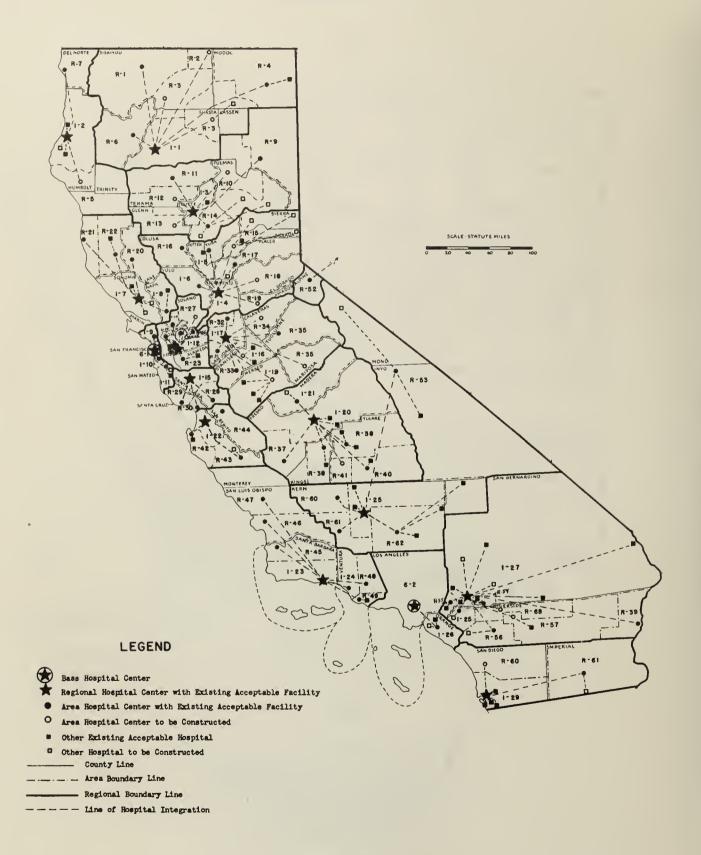
ARKANSAS

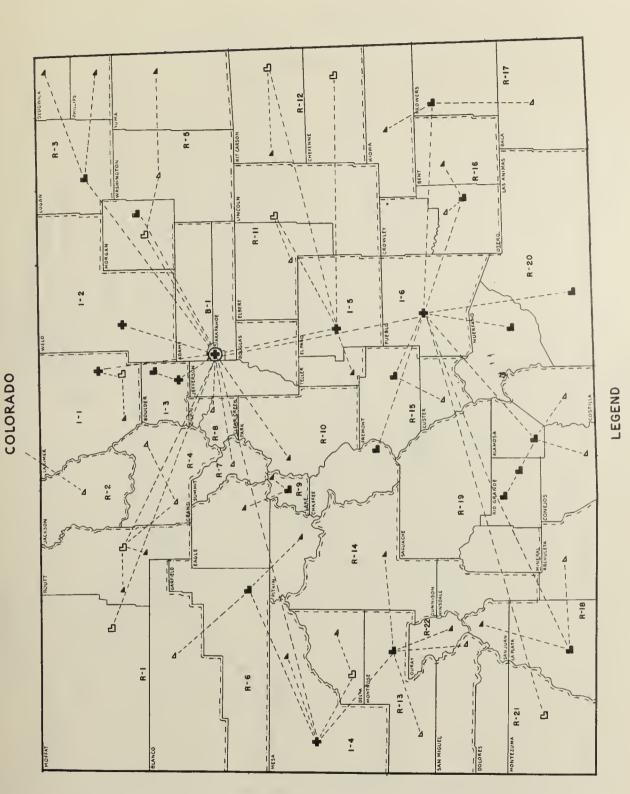


LEGEND



CALIFORNIA





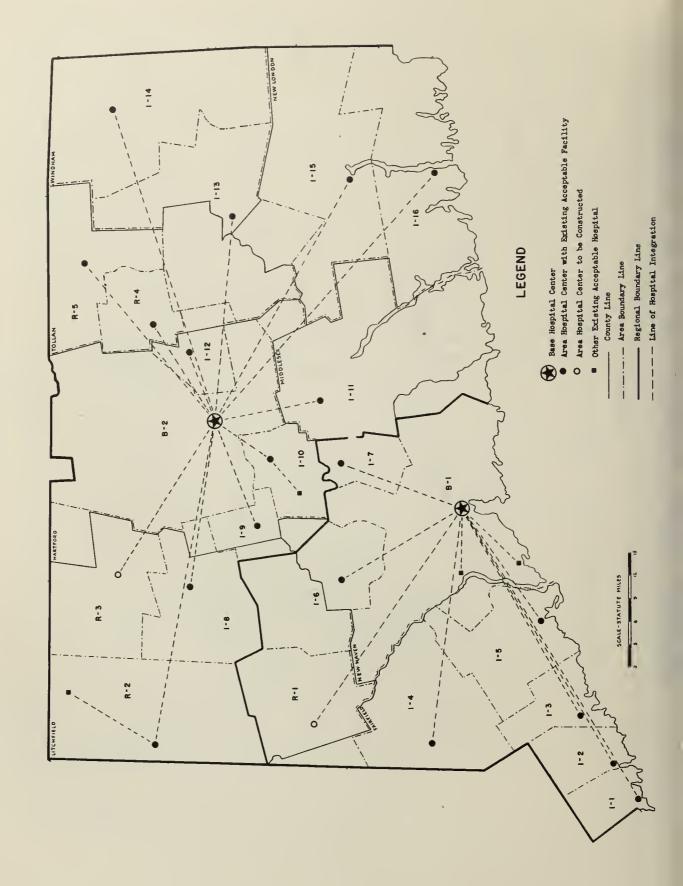
- Base Hospital Center with Existing Acceptable Facility

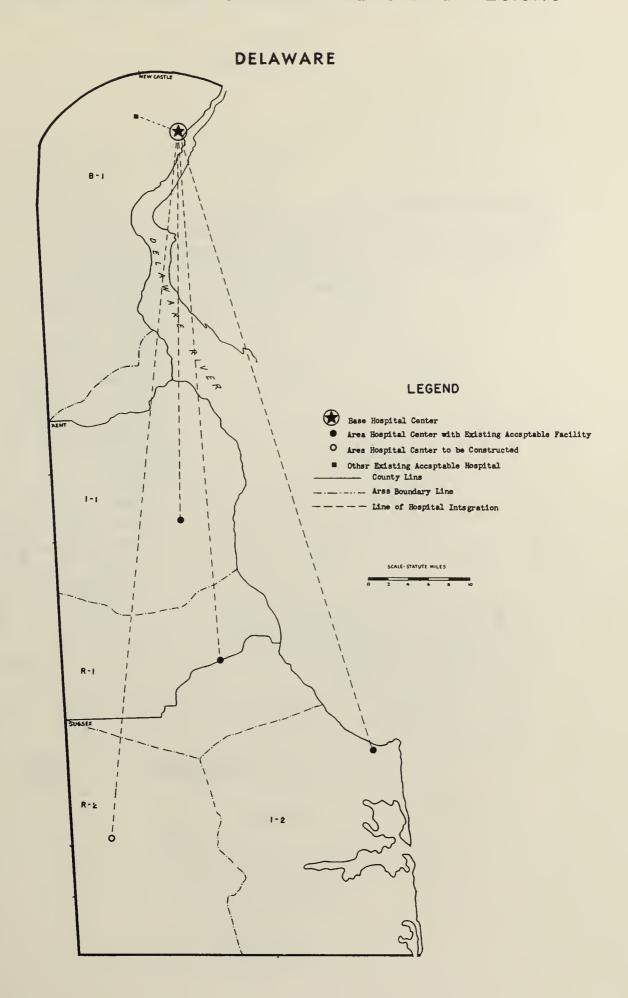
 District Hospital Center with Existing Acceptable Facility
 - B. Rural Hospital Centsr with Existing Acceptable Facility
 - Ch Rural Hospital Centsr to be Constructed
- Existing Community Clinic
- Community Clinic to be Constructed

SCALE - STATUTE MILES

Area Boundary Lins Line of Hospital Integration

CONNECTICUT

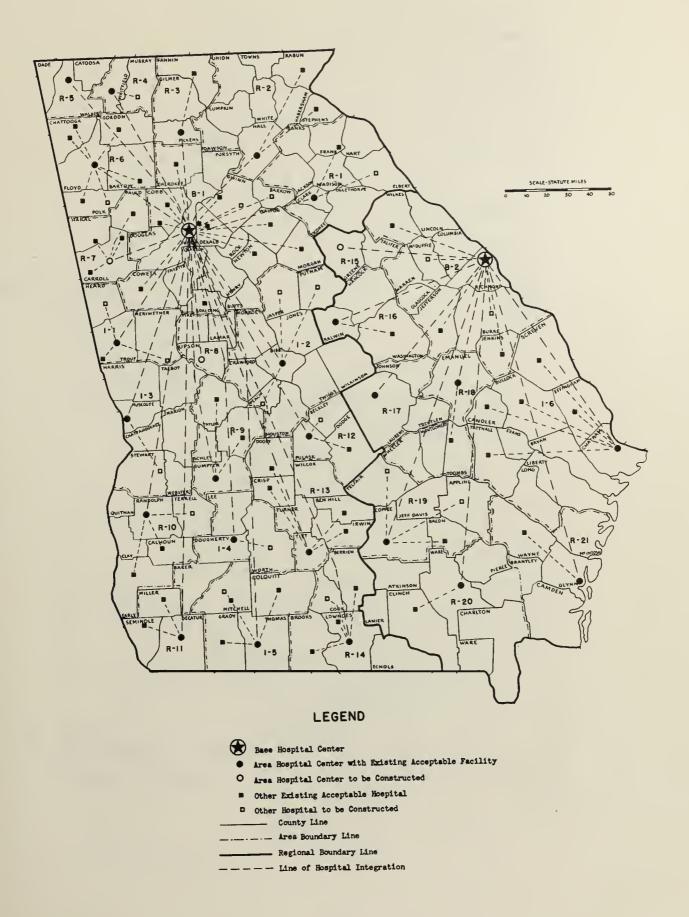




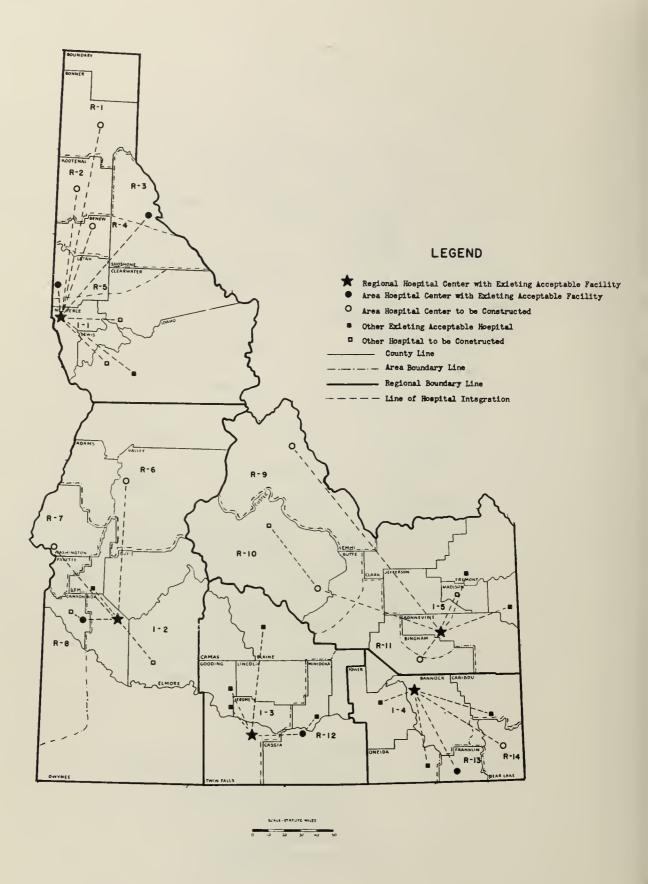
FLORIDA



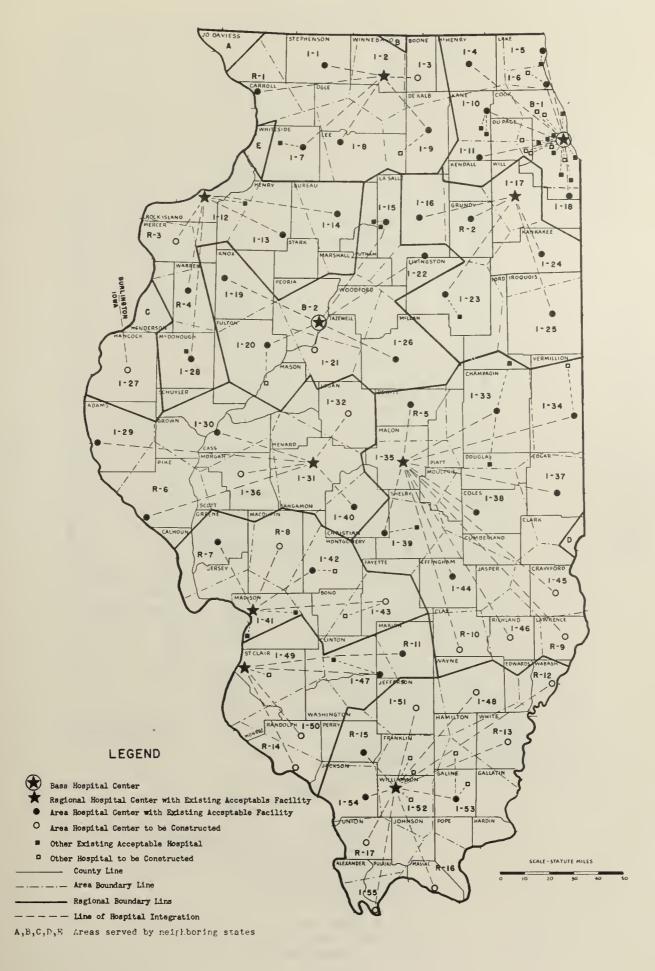
GEORGIA



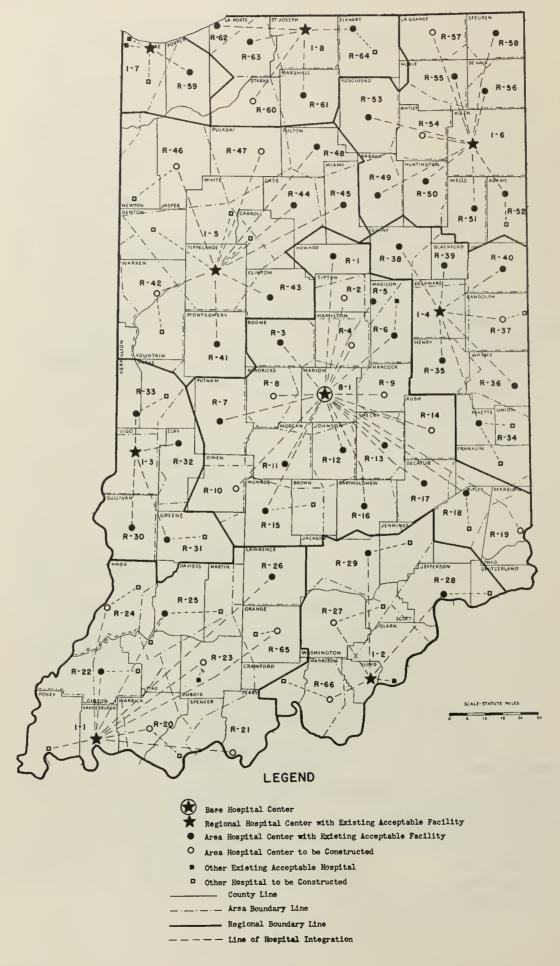
IDAHO



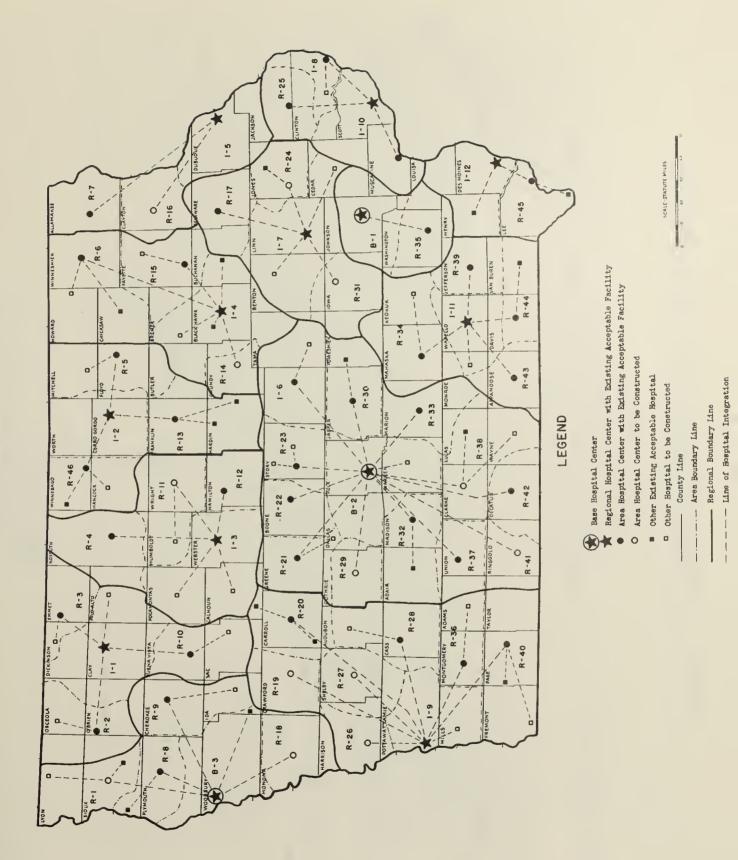
ILLINOIS



INDIANA

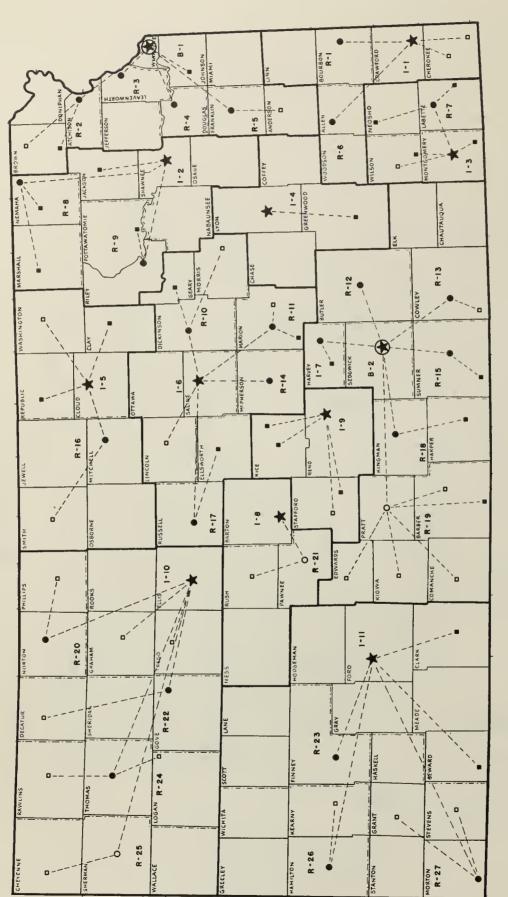


IOWA

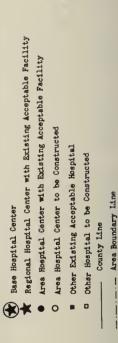


U. OF ILL LIB

KANSAS



LEGEND

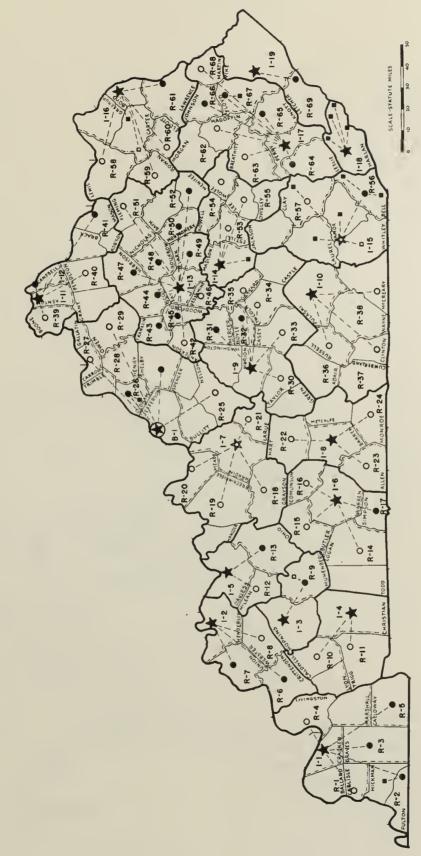


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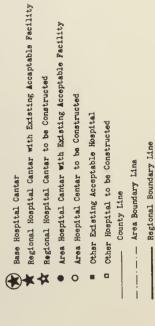
- Regional Boundary Line

SCALE - STATUTE MILES

KENTUCKY

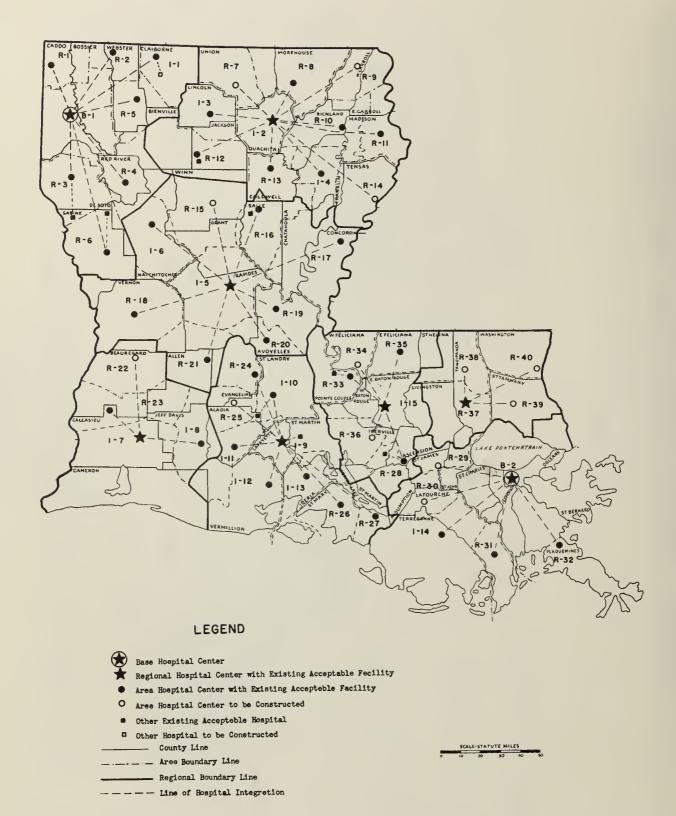


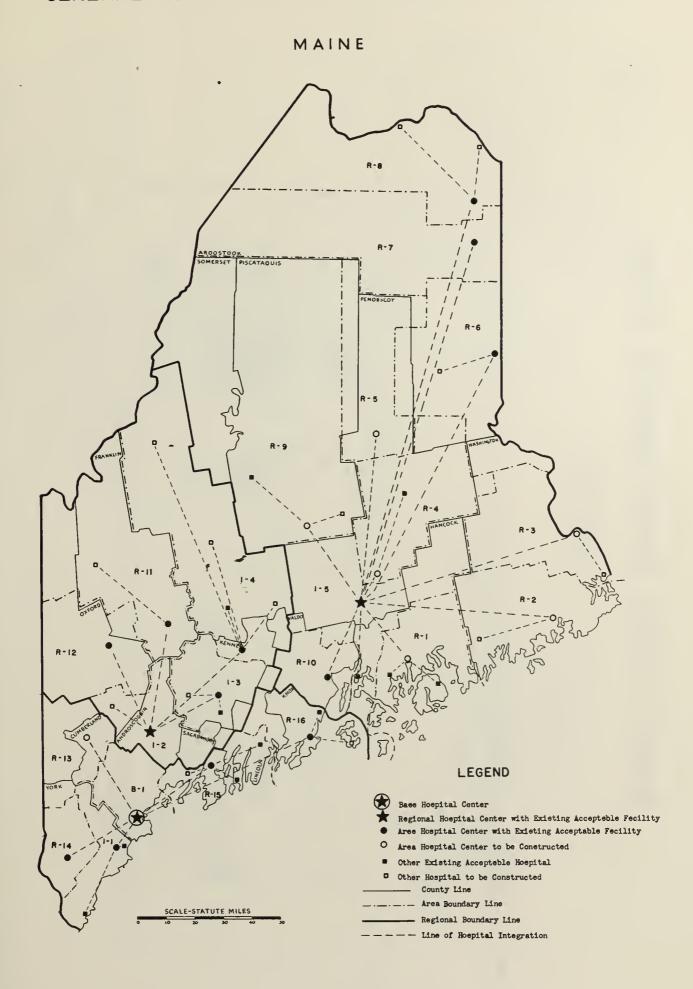
LEGEND



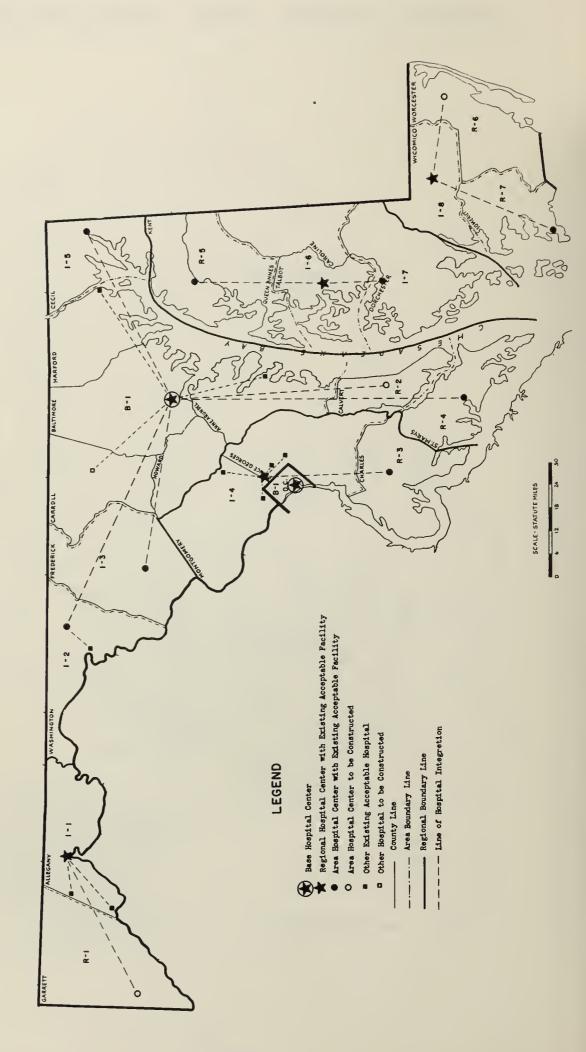
Line of Hospital Integration

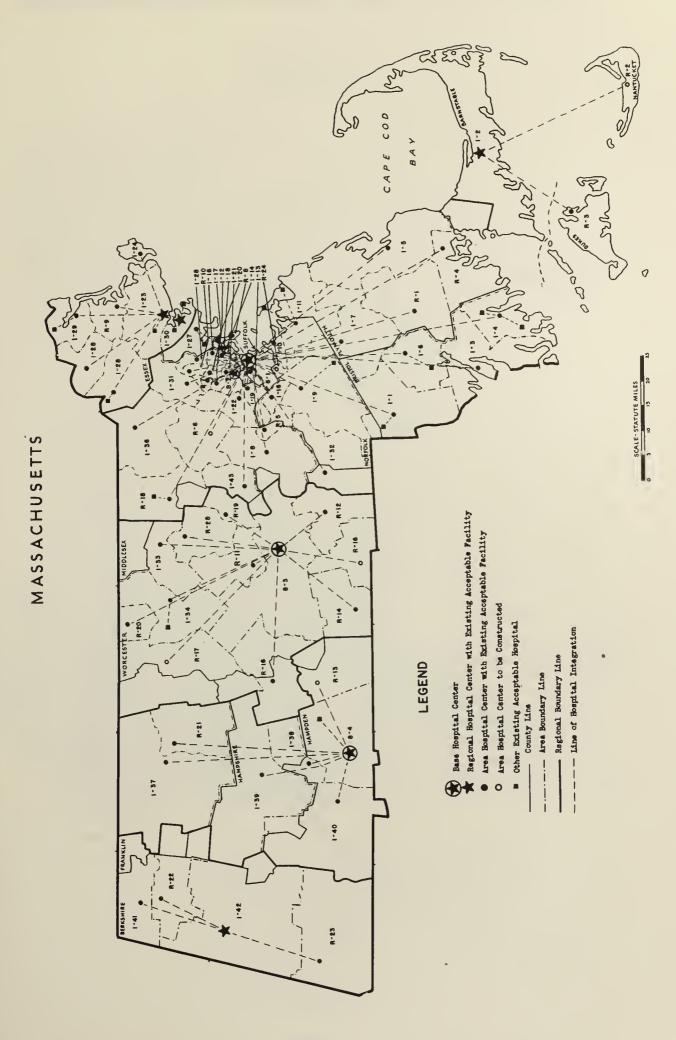
LOUISIANA





MARYLAND

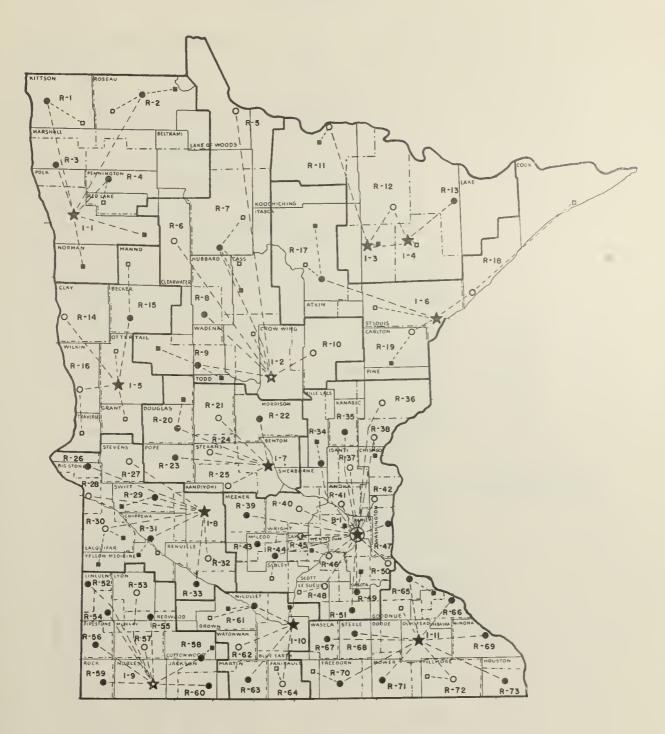




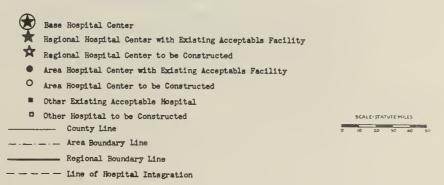
MICHIGAN



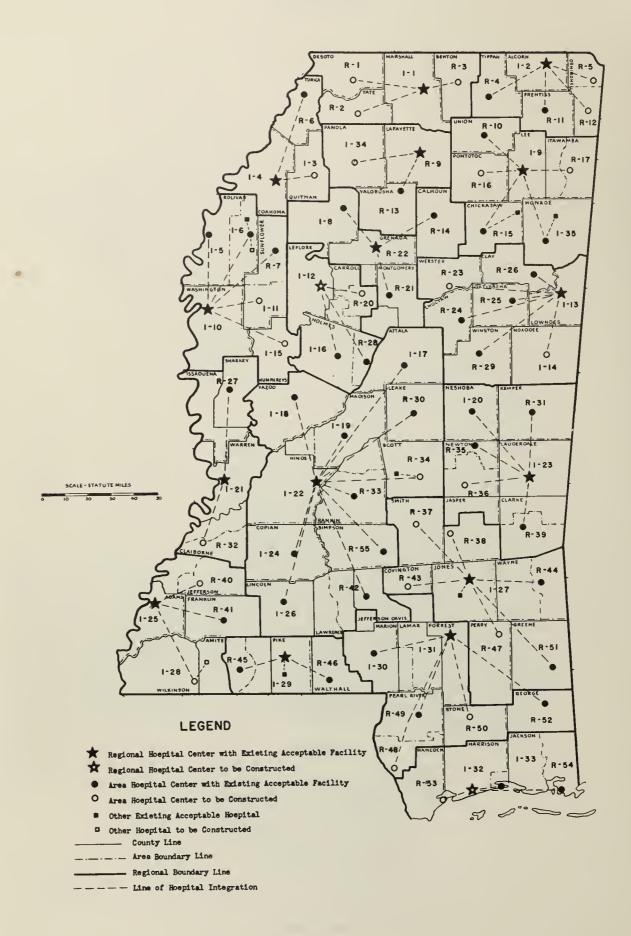
MINNESOTA



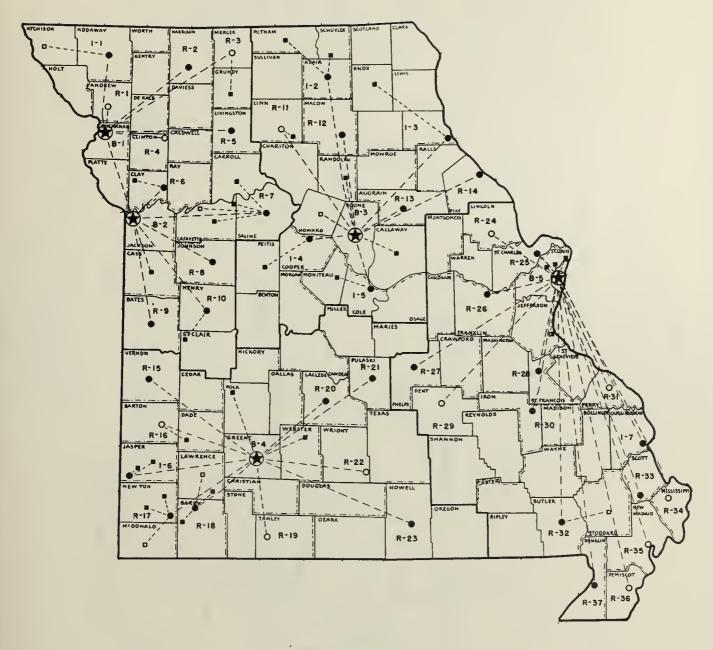
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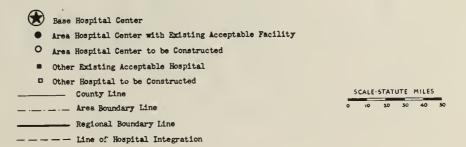
MISSISSIPPI



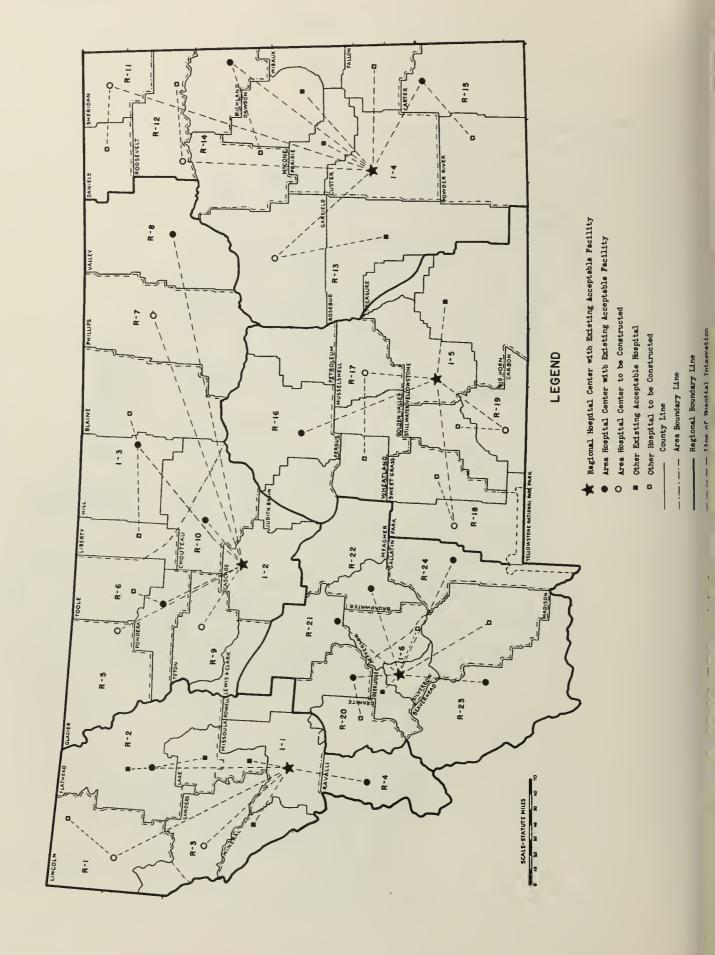
MISSOURI



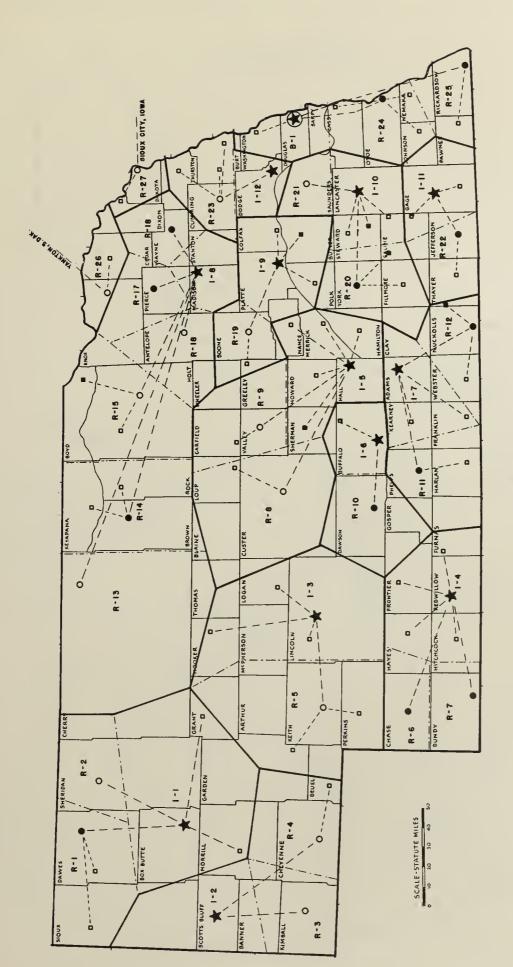
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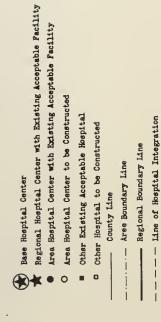
MONTANA

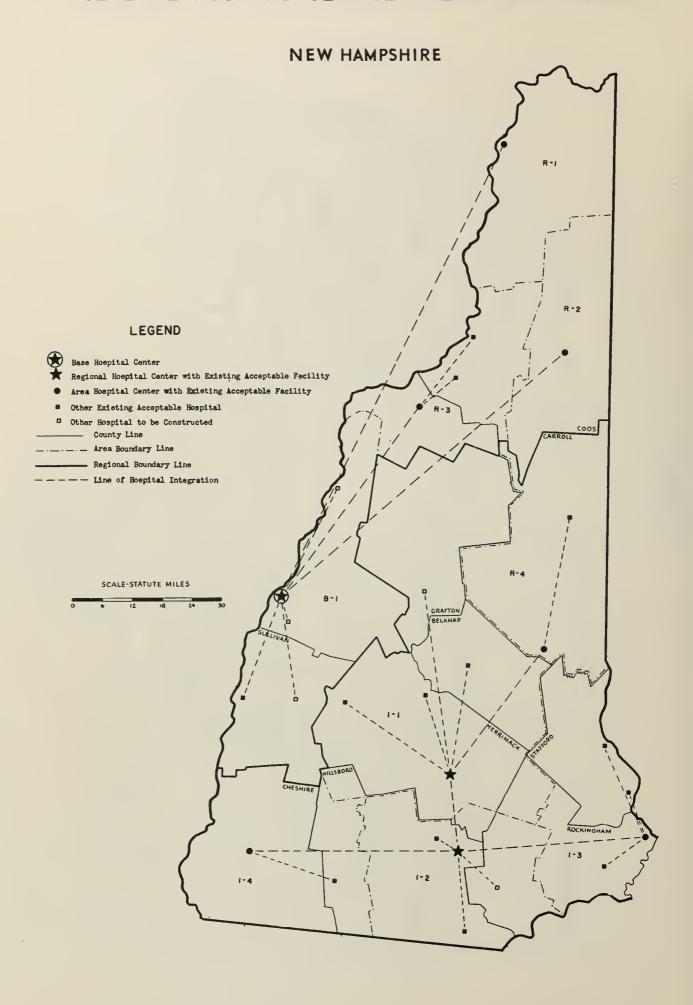


NEBRASKA

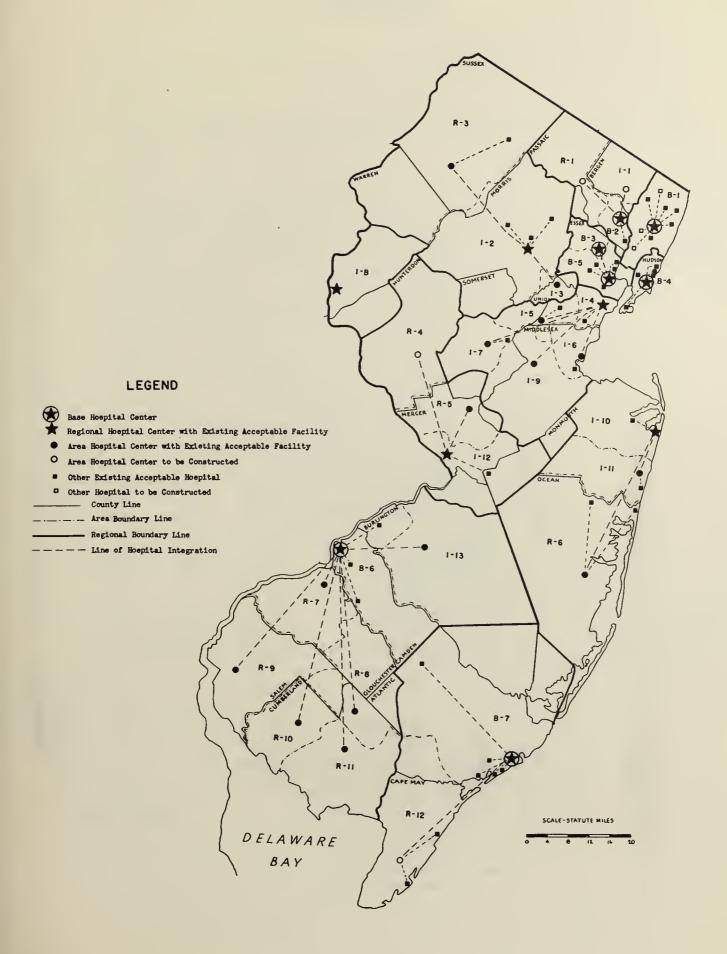


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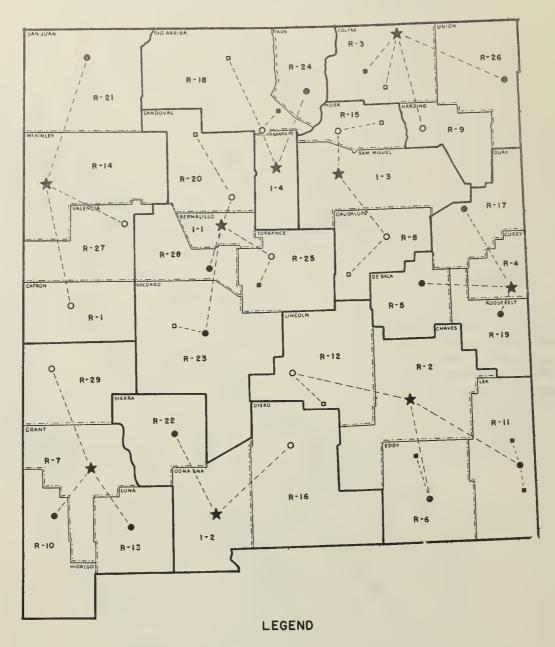


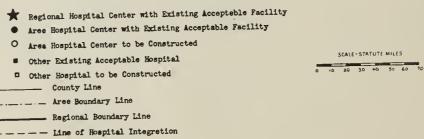


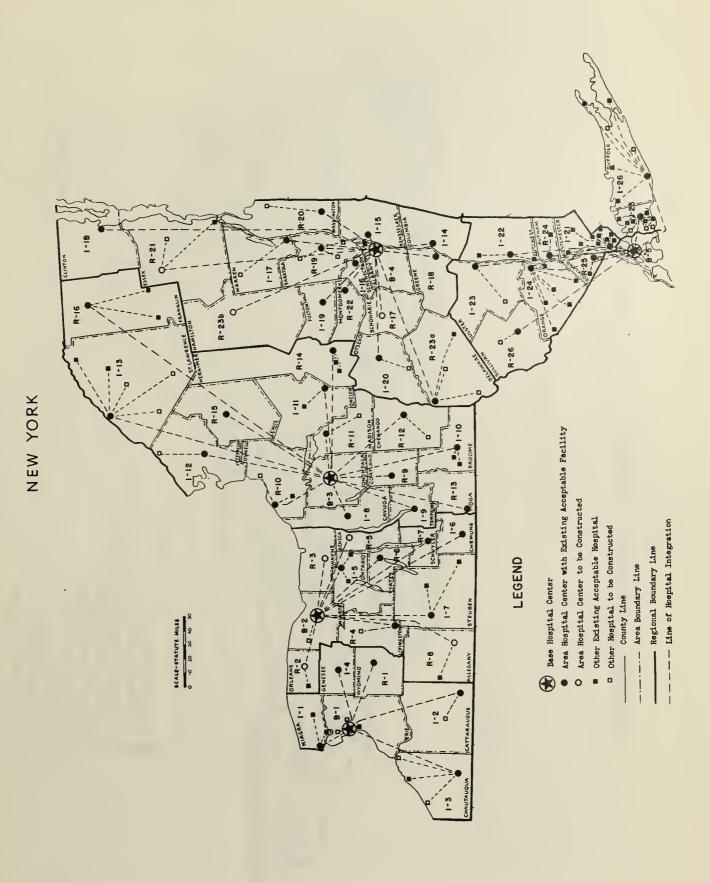
NEW JERSEY



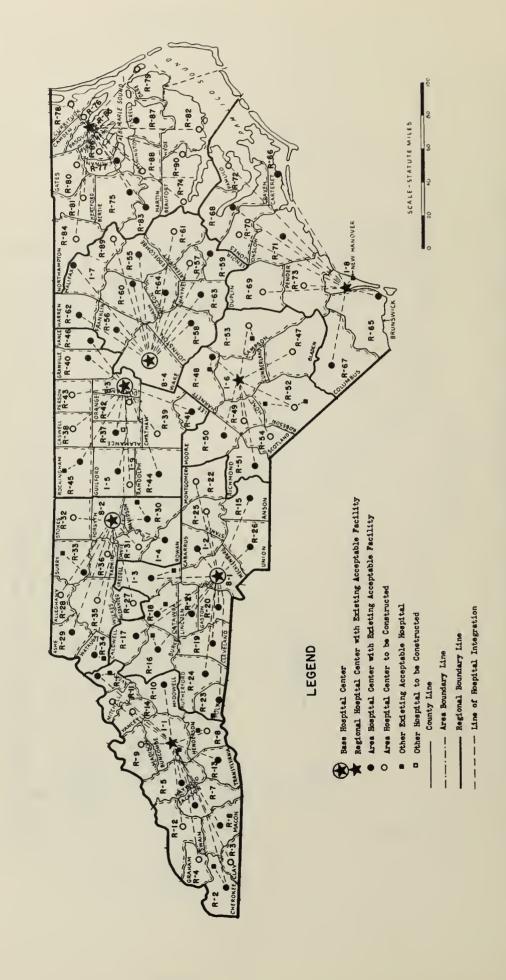
NEW MEXICO



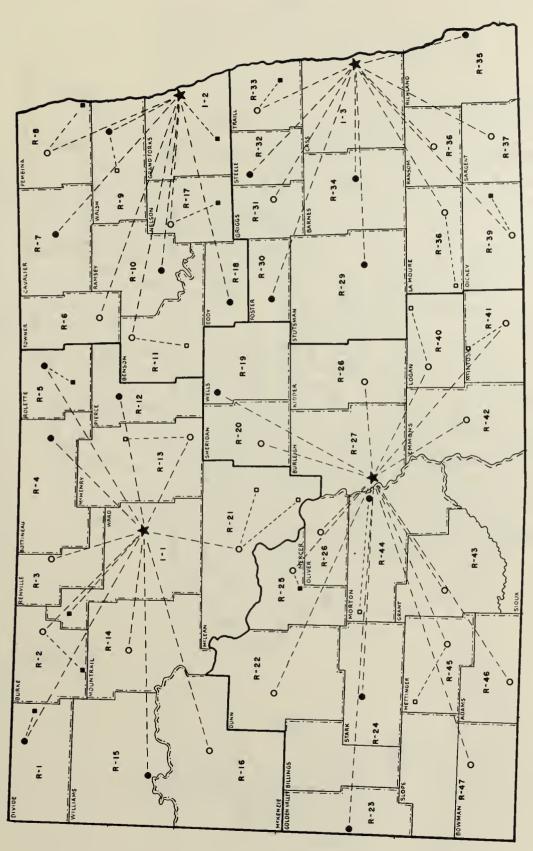




NORTH CAROLINA



NORTH DAKOTA



LEGEND

* Regional Hospital Center with Existing Acceptable Fecility

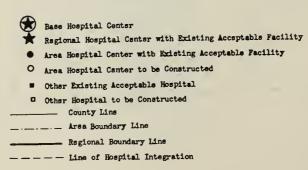
Area Hospital Center with Existing Acceptable Facility

- O Area Hospital Center to be Constructed

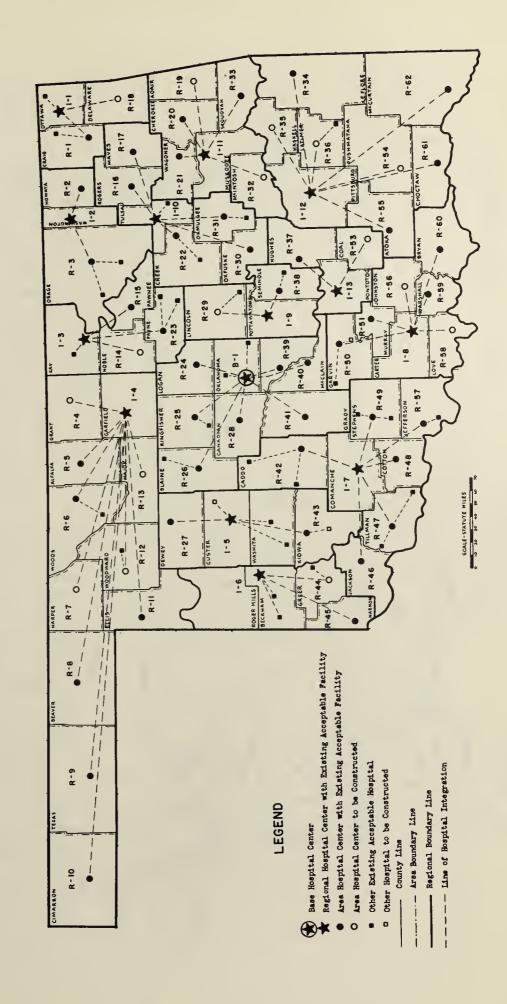
 Other Existing Acceptable Mospital
 - Other Existing Acceptable Hospital
 Other Hospital to be Constructed
- County Line
 Area Boundary Line

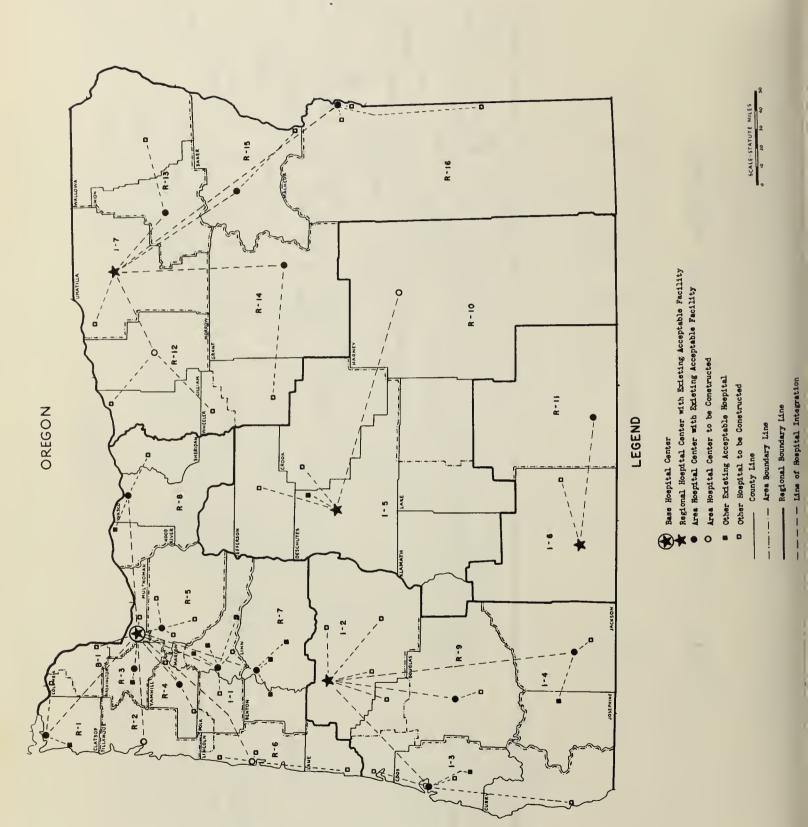
OHIO

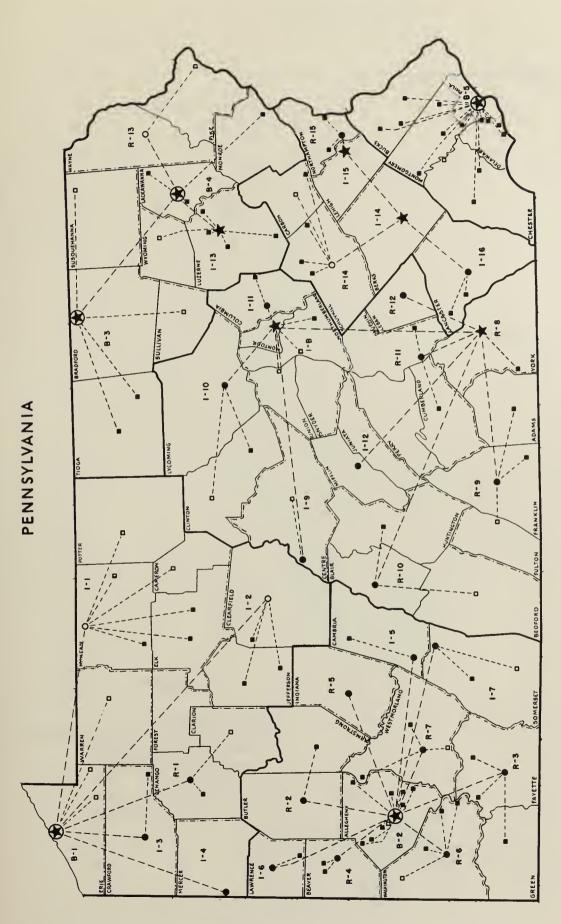




OKLAHOMA







LEGEND

Base Hospital Center

Regional Hospital Center with Existing Acceptable Facility

Area Hospital Center with Existing Acceptable Facility

Area Hospital Center to be Constructed Other Existing Acceptable Hospital

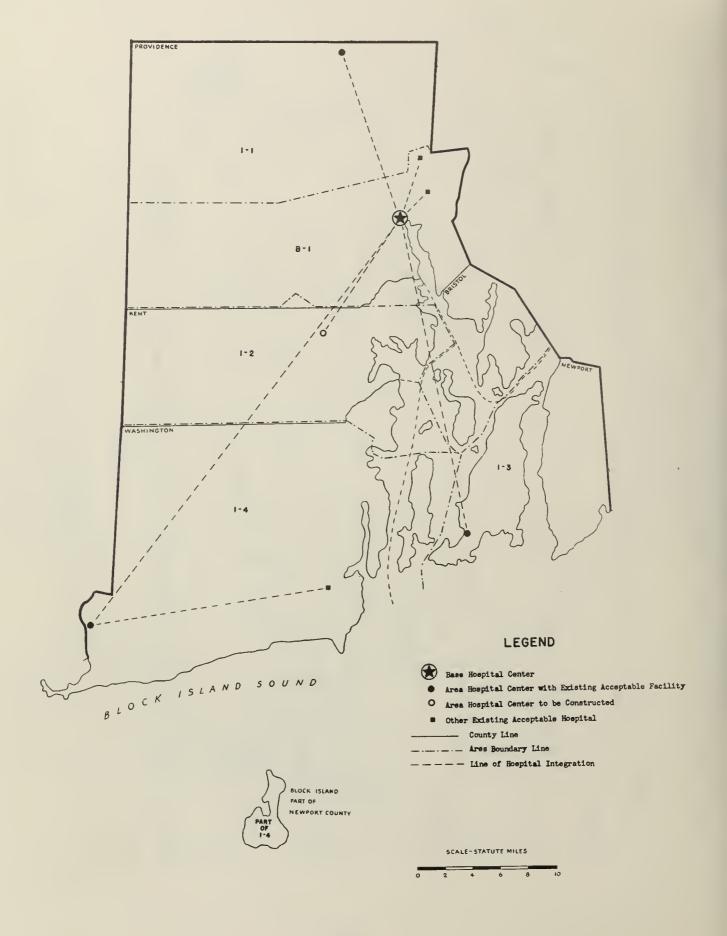
SCALE - STATUTE MILES

Other Hospital to be Constructed
---- County Line

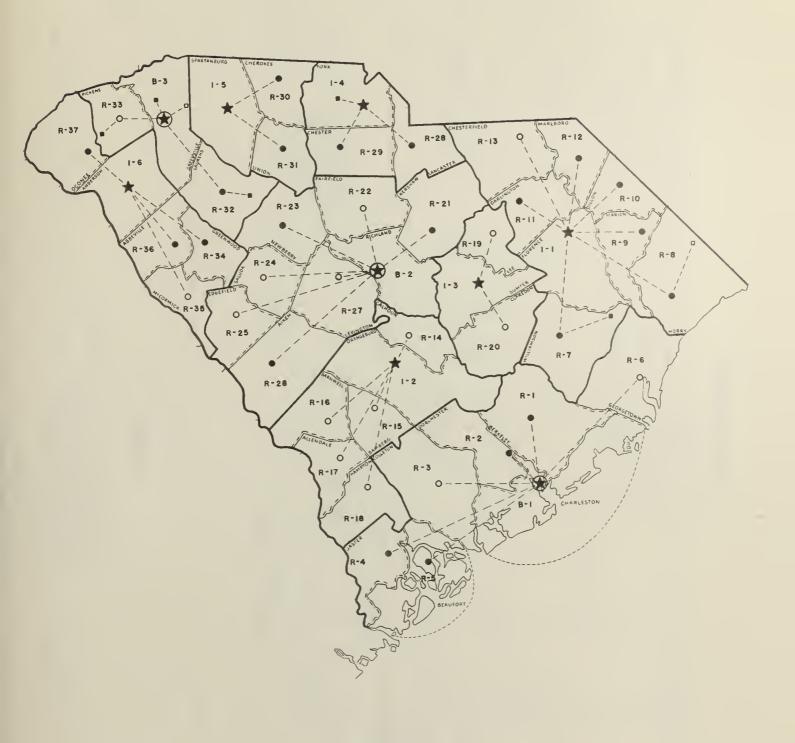
Area Boundary Line

- Line of Roepital Integration Regional Boundary Lins

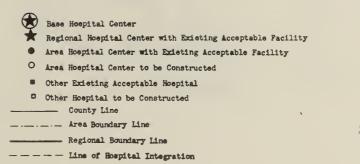
RHODE ISLAND



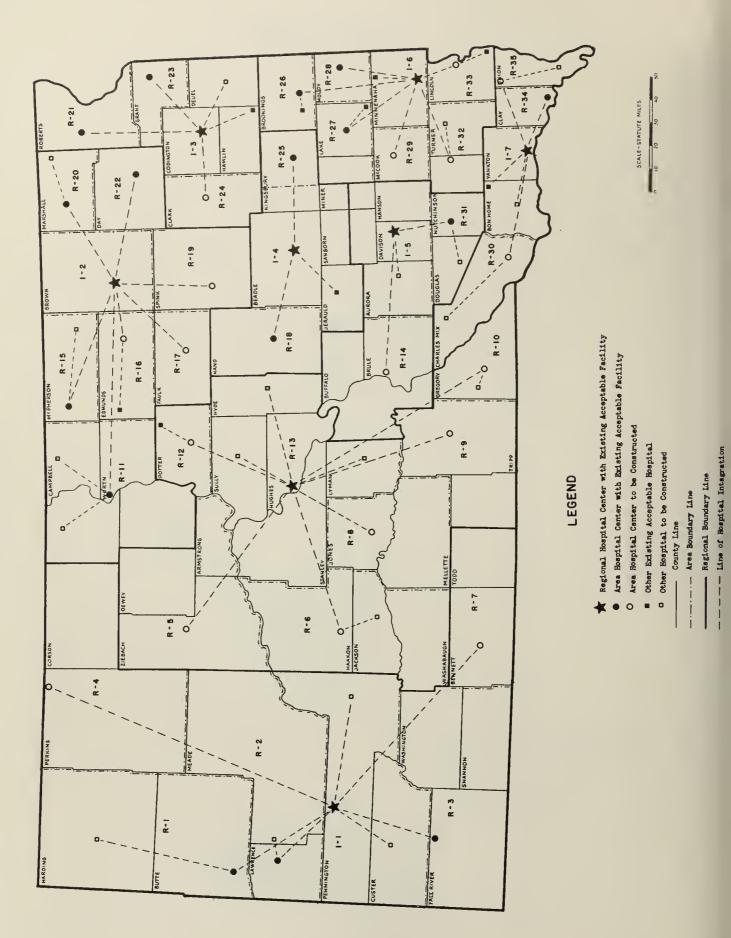
SOUTH CAROLINA



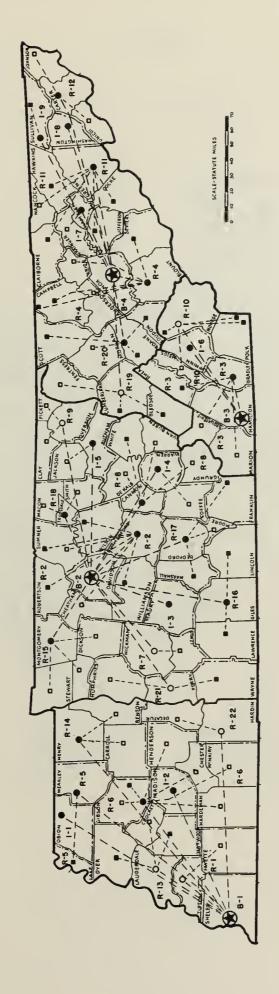
LEGEND

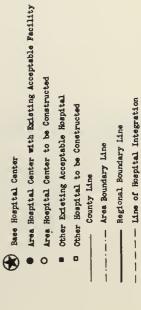


SCALE - STATUTE MILES

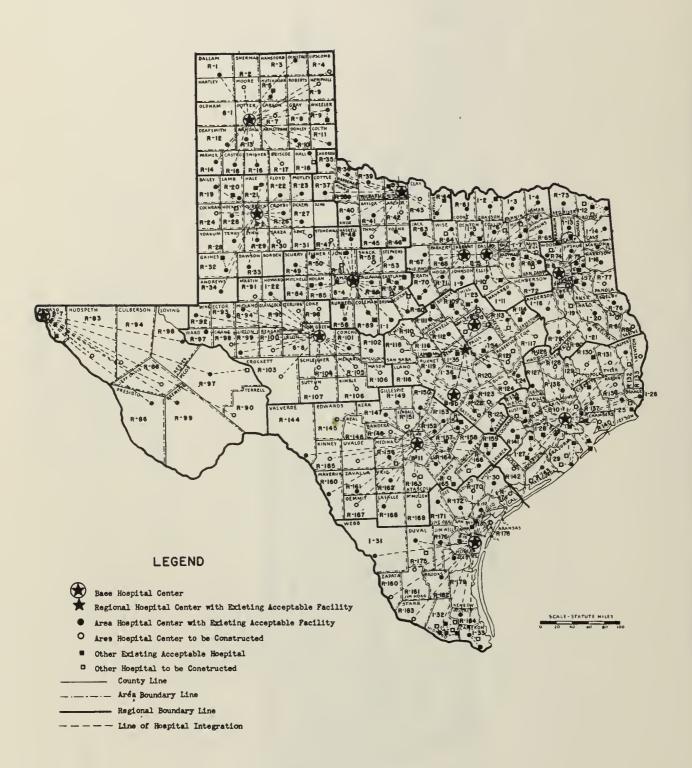


TENNESSEE

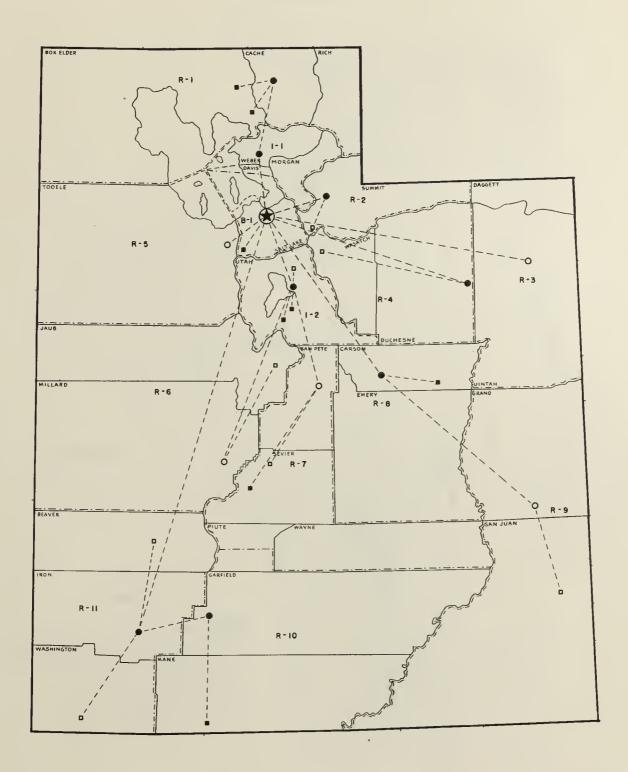


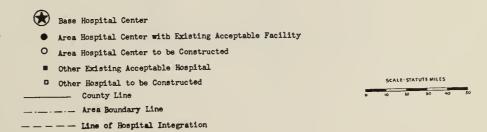


TEXAS

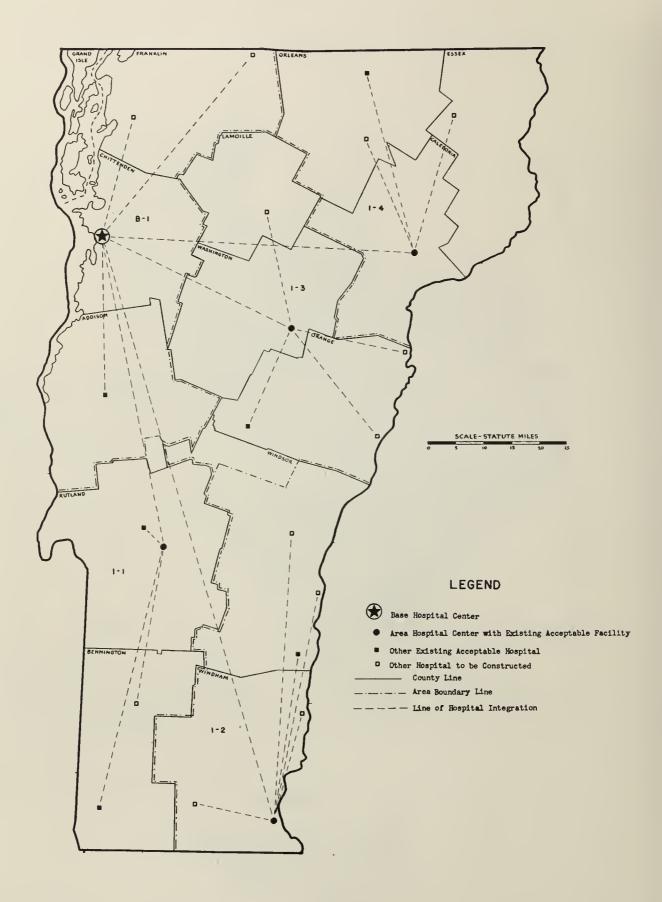


UTAH

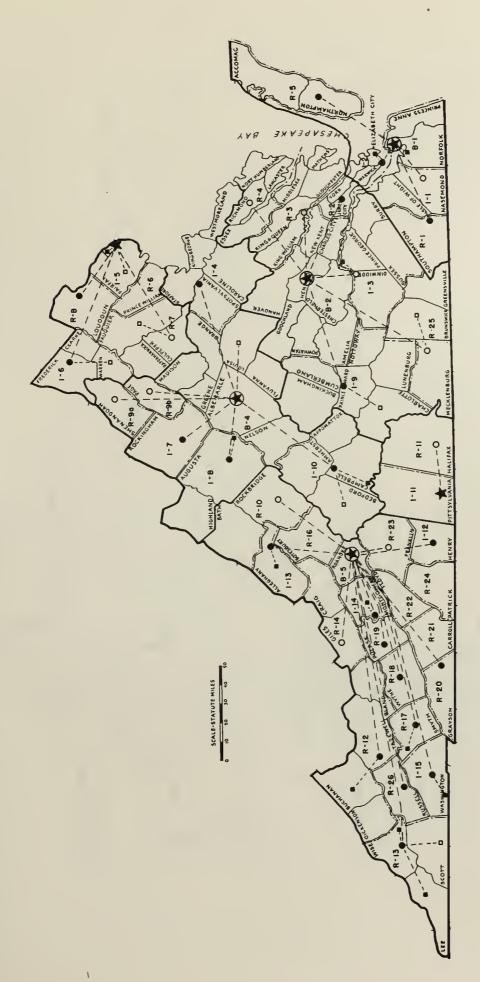


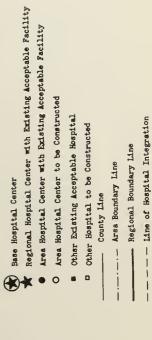


VERMONT

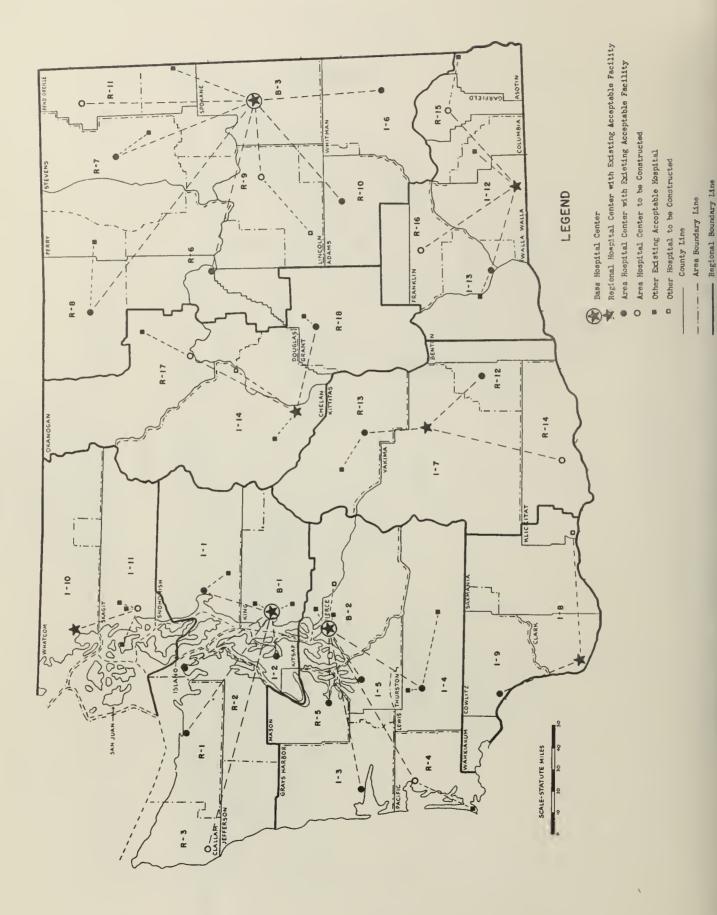


VIRGINIA



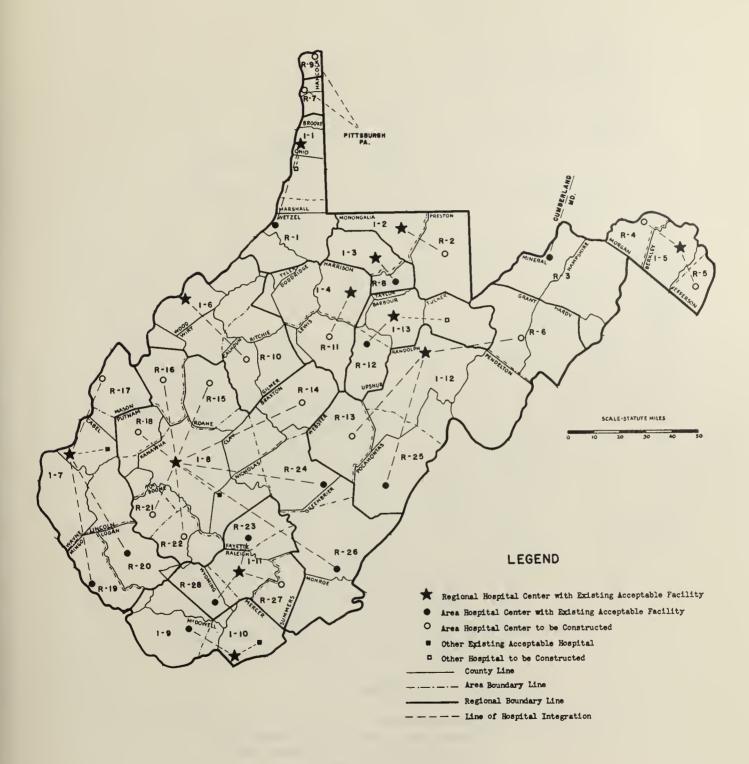


WASHINGTON

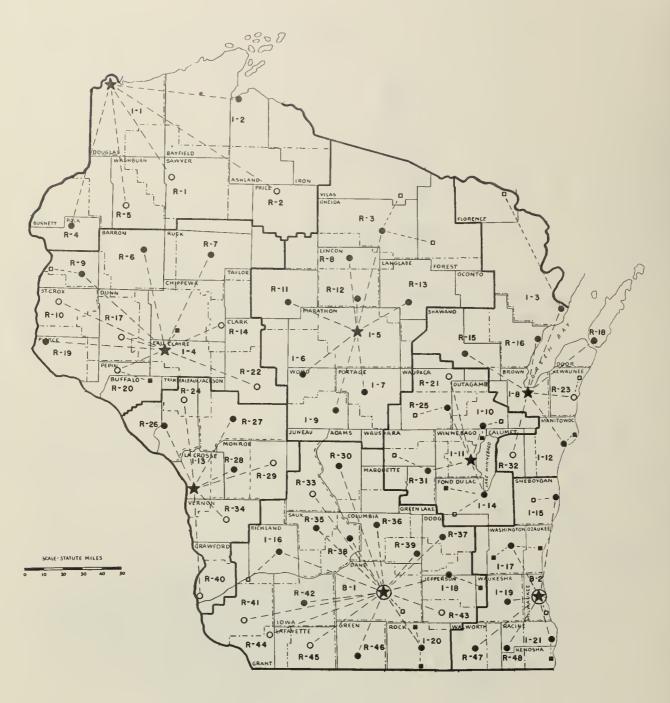


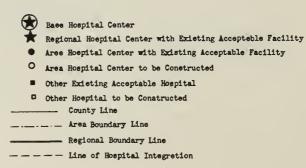
- Line of Hospital Integration

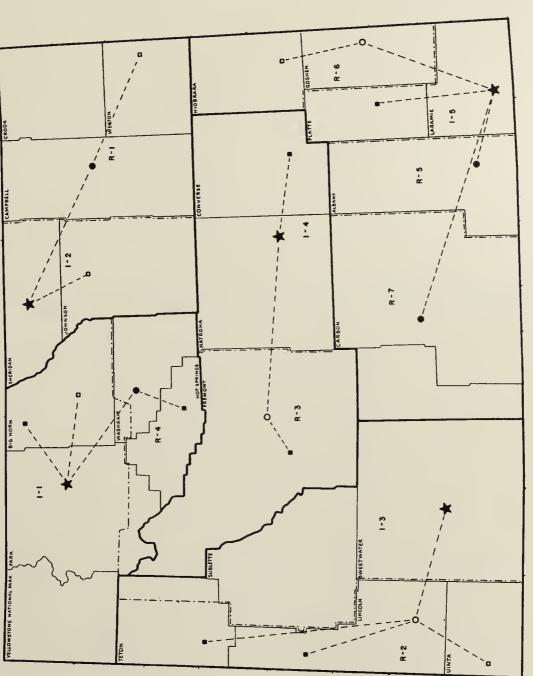
WEST VIRGINIA



WISCONSIN







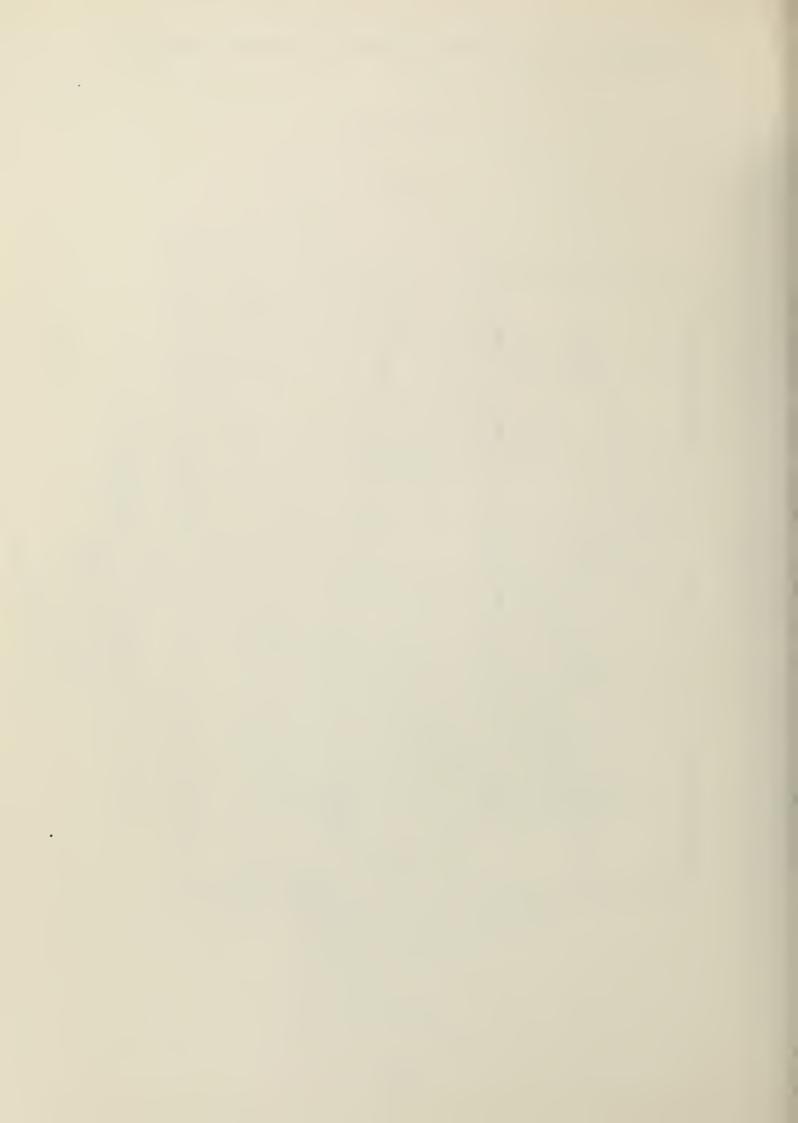


- Regional Hospital Center with Existing Acceptable Facility
 Area Hospital Center with Existing Acceptable Facility
 - O Area Hospital Center to be Constructed

 - m Other Existing Acceptable Hospital
 - County Line

SCALE-STATUTE MILES

Regional Boundary Line
- Line of Rospital Integration . - Area Boundary Line



APPENDIX B

STATE TABLES: GENERAL HOSPITAL FACILITIES BY REGIONS AND AREAS

		PER	INCOME **		\$ 617	808	200 W	537	00 4 00 4 00 4 00 4 00 00 00 00 00 00 00	755	00000000000000000000000000000000000000	518	3 P 4509 9 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
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	EXISTING F.		TOTAL		119	56	18 10001	59	∞ממ⊣ת אומין ומומ מ	15	ଓମମ।ମଉବ	1,4	madada i a
		POPULATION			, 2,728,120	478,049	476,383 40,804 57,507 53,944 26,765	569,392	L4 L4 L1 L1 L1 L2 L2 L2 L2 L2 L2 L2 L2 L2 L3 L3 L3 L3 L3 L3 L3 L3 L3 L3	388,312	241,110 16,974 23,354 23,354 19,967 28,265 28,265	332,024	4 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
		REGIONS AND AREAS			ALABAMA - TOTAL	Birmingham Region	B- 1 Birmingham I- 9 Cullman I-11 Lasper R- 4 Haleyville R- 7 Oneonta R- 10 Calera	Montgomery Region	B- 2 Montgomery I-15 East Tallassee I-16 Langdale I-17 Opelika I-18 Selma I-19 Phenix City R-17 Clanton R-17 Clanton R-17 Clanton R-18 Frattville R-19 Wetumpka R-22 Tuskegee R-25 Canden R-26 Greenville R-27 Luverne R-27 Luverne R-27 Luverne	Mobile Region	B- 3 Mobile R- 20 Butler R- 24 Grove Hill R- 31 Evergreen R- 34 Foley R- 35 Brewton	Decatur Region	I- 6 Decatur I- 1 Florence I- 2 Athens I- 3 Huntsville I- 4 Scottsboro I- 5 Shoffield R- 1 Russellville R- 2 Moulton R- 3 Hemilton

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		POPULATION			601,877,409	452,264	25 23 23 23 23 23 23 23 23 23 23 23 23 23	154,290	112,611 22,305 19,374	140,107	#6,906 33,303 59,898	237,641	29,560 29,560 39,560 29,560 20,760 25,740	282,980	78,919 32,791 41,692 31,450 45,456	143,335	30,279	132,221	36,038 42,731 32,548 20,904
		REGIONS AND AREAS			ARKANSAS - TOTAL	Little Rock Region	B- 1 Little Wock I- 1 Russellville R- 2 Searcy R- 2 Searcy R- 3 Conway R- 4 Mortiton	Fort Smith Region	I- 2 Fort Smith R- 5 Clarksville R- 6 Mena	Fayetteville Region	I- 3 Fayetteville I- 4 Bentonville R- 7 Harrison	Jonesboro Region	I- 5 Jonesboro R- 8 Walnut Ridge R- 9 Paragould R- 10 Pocahontas R- 11 Batesville R- 12 Newport	West Memphis Region	I- 6 West hemphis I- 7 Helena R- 13 Osceola R- 14 Blytheville R- 15 Wynne R- 16 Forrest City	Pine Bluff Region	I- 8 Pine Bluff R- 17 Stuttgart	Monticello Region	I- 9 Monticello R- 18 McGenee R- 19 Leke Village R- 20 Crossett

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<u> </u>	State Plan approved Jan. 7 civilian population, July on following percentages of	10	644 44			50	approved Maruly 1, 1946, ed one gener		113	11	≻ . н . н а	ug in places
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Hartford Region B- 2 Hartford I- 8 Torrington I- 10 New Britain I- 11 Middle town I- 13 Willimentic I- 14 Puram I- 15 Norwich I- 15 Norwich I- 15 Norwich I- 15 Norwich R- 2 Sharon R- 2 Sharon R- 3 Winsted R- 4 Rockville R- 5 Stafford	1/ Original Connecticut 2/ Provisional estimated 3/ Area priorities based	DELAWARE - TOTAL	B- 1 Wilmington I- 1 Dover I- 2 Lewes R- 1 Milford R- 2 Sefford	1/ Delevare State Plan a 2/ Provisional estimated 3/ Area priorities based		B District of Commbde	1/ District of Columbi 2/ Estimated civilian 3/ District of Columbi follows: A- Garon		FLORIDA - TOTAL	Jacksonville Region	B- 1 Jacksonville R- 8 Live Oak R- 9 Lake City R- 11 Green Cove Springs R- 12 St. Augustine R- 14 Palatka	* Percent of the population ** Net Income, 1946. Sales P

		PER	INCOME **		\$ 929	961 601	1,126	1,199	909	744 313 305 351	528	7 6 6 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	599	0697 0697 0780 0780 0780 0780 0780 0780 0780 07	999	7-7- 3350 3350 3350		1,163 769 920	747	781
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L HOSPITALS eeds, and Net Addi eas, and Other Sel	G BEDS	ACCEPTABLE	NUMBER	A - Continued	1,534	1,308	1,523	1,257	322	291 17 14	147		88	18	564	951 901 75.	903	103 103 119	281	233
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	EXISTING FACILITIES		TOTAL		56	040	19	# ma	9	ੜ।ਰਜ	2	тин	9	ਝਿਰਤ।	ī.	ਰਲਰਾ	16	เกษ+ ผ	7	ги
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					Tampa Region	B- 2 Tempa I- 12 Sarasota R- 15 Brooksville	Mismi Region	B- 3 Miami I- 15 Ft. Lauderdale R- 19 Key West	Pensacola Region	I- 1 Pensacola R- 1 Milton R- 2 Crestview R- 3 De Funiak Springs	Panama City Region	I- 3 Panama City R- 4 Chipley R- 5 Port St. Joe R- 20 Marianna	Tallahassee Region	I- 5 Tellebassee I- 4 Quincy R- 6 Medison R- 7 Perry	Gainesville Region	I- 6 Gainesville I- 7 Ocala R- 10 Strke R- 13 Chiefland	Orlendo Region	I- 10 Orlando I- 8 Daytona Bench I- 9 Eustis R- 16 Rockledge	Lakeland Region	I- 11 Lekeland R- 17 Sebring

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West Palm Beach Region I- 14 West Palm Beach R- 18 Fort Pierce	Fort Myers Region I- 13 Fort Myers	1/ Floride State Plen approved Oct. 21, 1947. 2/ Estimated civilian population, July 1, 1946, Bureau of 3/ Area priorities based on following percentages of need	GEORGIA - TOTAL	## Attanta Region	

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Peoria Region	B- 2 Peoria I- 15 La Salle I- 19 Galesburg I- 20 Canton I- 22 Pekin I- 22 Streator I- 26 Blooming ton	Rockford Region	I- 2 Rockford I- 1 Freeport I- 3 Belvidere I- 7 Sterling I- 8 Dixon I- 9 De Kalb R- 1 Savanna	Rock Island-Moline Region	I-12 Rock IslMoline I-13 Kewanee I-14 Princeton I-28 Macomb R-3 Aledo R-4 Monmouth	Joliet Region	I- 17 Joilet I- 16 Ottawa I- 29 Pontlac I- 24 Kankekee I- 25 Watseka R- 2 Morris	Springfield Region	I-31 Springfield I-29 Quincy I-30 Beardstown I-32 Lincoln I-36 Jacksonville I-40 Taylorville R- 6 Pittsfield	Decatur Region	I-35 Decatur I-33 Champaign I-37 Paris I-38 Mattoon I-44 Effingham I-45 Robinson I-46 Clinton R-5 Clinton R-5 Lewenceville R-10 Flora	* Percent of the popul ** Net Income, 1946. S

				Existing Faci by F	GENERAL ilities, Total Nee Regions and Area	, s, s,	S litional elected	Beds Needed Data					
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Herrin Region	368,713	19	ক	575	η£η	141	9. 8.	16	1,386	1,245	•	63.7	726
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	an approved Au population, ised on the fo	g. 8, 1947, July 1, 1945, 110wing fact	, Bureau of C	ensus, Curr	ent Population Reports, Series P-46, No.	n Reports, Sural-farm pop	eries P-46,	£,00	12, 1946. Ferenting	Feb. 12, 1946. Processed. people receiving public assistance, per	tance, per c	capita assessed	sed
4 Existing facilities plus estimate of additional needed in Chicago A Carthage Area located in llinois, but assigned to regional center of Includes population of major State hospitals, incoln and Dixon State Includes population of areas A through E seeking care in centers ou	stod in Illino or the control of major Stone of srees A	te of additiate but assitate through E se	lonal needed i lgned to regio is, Lincoln an eking care in	n Chicago A nal center d Dixon Sta centers ou	urea, not included in State Plan. in Burlington, IGVa. ité Schools and Colonies of the I itside Illinois.	uded in Stati, Iowa.	e Plan.	tment of Publ.	of Public Welfare that	hat could not	t be allocated	ed to particular	oular areas.

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-	ED		REDS					1,262	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,531	\$0.850.0%0.0%0 \$0.0%0.0%0.0%0.0%	1,366	1,278	1,484	860 108 162 244	3, Feb. 12, 1946. Processed. 76.0-100, with adjustments within ospita income.		11,520	1,114
Needed	ESTIMAT	TOTAL NEED	FACILITIES		15	W-10444044	15	***************************************	7	91	6	waaaa	o. 3, Feb. 1: D- 76.0-100 r ospita ino	A 1/	145	m	21		
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	*.	REGIONS AND AREAS PO			afayette Region	I. 5 Lafayette R-41 Crawfordsville R-43 Attion R-43 Frankfort R-45 Ferusport R-45 Ferus R-46 Rensseleer R-47 Winemec R-48 Rochester	ort Wayne Region	I. 6 Fort Wayne R. 49 Websah R. 50 Buntington R. 51 Buntington R. 53 Wersaw R. 54 Wensaw R. 56 Auburn R. 56 Auburn R. 57 Le Grenge R. 56 Angole	Gary Region	R- 59 Valparaiso	South Bend Region	I. 8 South Bend R- 60 Knox R- 61 Plymouth R- 62 Michigan City R- 63 La Porte R- 64 Elkhart	Indiana State Flan approved July 1, 1947, Estimated civilian population July 1, 1945, Bureau of Census, Population basis of a priorities based on following percentages of med met: Abasis of the availability of non-acceptable facilities, distance		IOWA - TOTAL 2/	Iows City Region	B- 1 Iowa City R- 35 Washington		

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		POPULATION			268,064	22, 809 22, 529 22, 529 31, 907 31, 907 51, 800	180,676	125,383 41,176 14,117	189,113	64,265 49,000 26,691 18,248 18,909	101,897	59,189	Plan approve tate Agency, cessed, ed on followi		1,	363,855 220,776 47,208 40,505 25,843 29,523
		REGIONS AND AREAS			Council Bluffs Region	I- 9 Council Bluffs R- 19 Denison R- 20 Carroll R- 26 Missouri Valley R- 27 Harlan R- 28 Atlantic R- 26 Red Oak R- 40 Clarinda	Davenport Region	I-10 Davenport I-8 Clinton B-25 Maquoketa	Ottumws Region	I-11 Ottumva R-34 Oskaloosa R-39 Fairfield R-43 Centerville R-44 Bloomfield	Burlington Region	I- 12 Burlington R- 45 Fort Madison	1/ Original love Stats Plan approved Feb. 11, 1948; annual revision 2/ Estimated by love State Agency, approximates July 1, 1946 civil. Aug. 15, 1947. Processed. 3/ Area priorities based on following percentages of need met: Acenters, psychiatric, chronic disease and tuberculosis hospital.			Kenses City Region B- 1 Kenses City R- 2 Atchison R- 3 Leavence R- 5 Ottava

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	EXISTING FACILITIES		TOTAL		10	יטממן	20, 1948. ; approximat ng percentag		110	17	E. E. I.	ដ	ณเสะกเผ	ſΩ	ннин	α		⇒ mH।
		POPULATION			78,862	43,293 16,464 10,968	approved Jan. 3 s State Agency ocessed.		/ 2,520,537	545,691	454 30,960 30,646 9,154 17,450 7,450	136,027	37,075 14,031 20,490 27,646 16,387	73,407	30,000 10,175 17,083 16,149	62,714	32,901	67,898 37,821 20,383
		REGIONS AND AREAS			Dodge City Region	I- 11 Dodge City R- 23 Garden City R- 26 Syracuse R- 27 Elthart	1/ Kansas State Plan approved Jan. 20, 1948. 2/ Estimated by Kansas State Agency; approximates Aug. 15, 1947. Processed. 3/ Area priorities based on following percentages		KENTUCKY - TOTAL	Louisville Region	B- 1 Louisville R- 25 Bardstown R- 26 La Grange R- 27 Carroliton R- 28 Shelbyville R- 29 Oventon	Paducah Region	I- 1 Paducah R- 1 Bardvell R- 2 Fulton R- 3 Mayfield R- 4 Smithland R- 5 Murray	Henderson Region	I- 2 Henderson R- 6 Marion R- 7 Morganfield R- 8 Dixon	Madisonville Region	I- 3 Madisonville R- 9 Greenville	Hopkinsville Region I- 4 Hopkinsville R- 10 Princeton R- 11 Cadiz

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Beds Needed	ESTIMA	TOTAL NEED	FACILITIES		167	103	Wpostanosonopunandosonosonopunandos a constante de consta	
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Duluth Region	I- 6 Duluth R- 17 Grand R- 18 Two Ha R- 19 Cloque	St. Cloud Region	1-7 St. R-20 Ales R-21 Long R-22 Lift R-23 Gle R-24 Saul R-25 Pen	Willmar Region	I- 8 Willman R- 26 Gracew R- 27 Morris R- 29 Benson R- 30 Madison R- 31 Montew R- 32 Olivia R- 33 Redwoo	Worthington Region	1-9 Worthi R-52 Hendri R-53 Marsha R-54 Tracy R-56 Pipest R-56 Pipest R-59 Vindov R-59 Vindov R-59 Juvern	Mankato Region	I- 10 Man R- 61 New R- 62 St. R- 63 Fatl R- 64 Blu	Rochester Region	I. 11 Rock Red

Percent of the population residing in places of less than 2,500 persons, 1940. Bureau of the Census, Sixteenth Census of the United States, Population, Vol. 1. Net Income, 1946. Sales Management, "Surveyof Buying Power", May 10, 1947, Copyright, Sales Management, Inc. (Further reproduction not licensed.) Minnesota State Plan approved Mar. 17, 1948.
Estimated civiltan population, July 1, 1946, Bureau of Census, <u>Current Population Reports</u>, Series P-25, No. 2, Aug. 15, 1947. Processed.
Priorities assigned by communities on the basis of percent of need met, availability of non-acceptable beds, rurality, and per capita income.
Includes beds in Mayo Clinic considered to serve out-of-State residents. नेलेन

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	EXISTING FA		TOTAL		12	<u>พพ</u> สพสสสส	15	พพ๚๗๗๗	12	m⊣ a + a	13	ろしなして	19, 1948. population, ag percentag eptable beds		135	21	ನ್ನು ನಿ.ನಿ.ಕ ನ ನಿ.ನಿ.ಕ ನ ನಿ.ನಿ.ಕ ನ ನ ನ ನ ನ ನ ನ ನ ನ ನ ನ ನ ನ ನ ನ ನ ನ ನ ನ
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		REGIONS AND AREAS			Great Falls Region	I- 2 Great Falls I- 3 Havre R- 5 Cut Bank R- 7 Malta R- 8 Glasgow R- 9 Choteau R- 10 Fort Benton	Miles City Region	I- 4 Miles City R- 11 Plentywood R- 13 Jordan R- 13 Jordan R- 14 Sidney R- 15 Ekeleke	Billings Region	I- 5 Billings R- 16 Lewistown R- 17 Roundup R- 18 Livingston R- 19 Red Lodge	Butte Region	I- 6 Butte R-20 Deer Lodge R-21 Helena R-22 Townsend R-23 Dillon R-24 Bozeman	ate Plan 1 estimat 1ties bas s without		NEBRASKA - TOTAL 2	B Re	B- 1 Omaha R- 24 Nebraska City R- 25 Falls City

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		REGIONS AND AREAS PC			Fremont Region	I- 12 Fremont R- 23 West Point	Out-of-State: 4/	Yankton, S.Dakota Region	R- 26 Bloomfield	Stoux City, Iowa Begion		R- 27 So. Sioux City	Nebraska State Plan approved Jan. 30, 1948. Estimated total population excluding armed forces overseas, July 1, 3, Area priorities based on following percentages of need met: A- 0, Hospital service area located in Nebraska, but assigned to out-of-S		NEW HAMPSHIRE - TOTAL	Henover Region	B- 1 Kenover R- 1 W. Stewertstown R- 2 Berlin R- 3 Littleton	Concord-Manchester Region	I- 1 Concord I- 2 Manchester I- 3 Portsmouth I- 4 Keene R- 4 Wolfeboro	1/ New Hempshire State Plan approved Nar. 29, 1948. 2/ Estimated civilian population, July 1, 1946, Eureau of Cens. 3/ Area priorities based on following percentages of need met:

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NEW JERSEY - TOTAL 2/ Hackenseck Region	g	2 Paterson 1 Ridgewood 1 Pompton Lakes	Jersey City Region	4 Jersey City	Newark Region	5 Newark 3 Montelair	Cemden Region	6 Cemden 13 Mt. Holly 7 Woodbury 8 Vineland 9 Salem 10 Bridgeton 11 Millville	Atlantic City Region	7 Atlantic City 12 Cape May Ct.House	Morristown Region	2 Morristown 3 Summit 3 Newton	Elizabeth Region	4 Elizabeth 5 Plainfield 6 Perth Amboy 7 Somerville 9 New Brunswick	Phillipsburg Region	8 Phillipsburg	Long Branch Region	10 Long Brench 11 Neptune 6 Pineweld Percent of the pomit	* Percent of the population residing ** Net Income, 1946. Sales Managemen

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AL HOSPITAL eeds, and Net Address, and Other Se	G BEDS	ACCEPTABLE	NUMBER	JERSEY - Continued	972	887	Population Reports, S , B- 36.0-50.9, C-	/T oblig	1,210	292	253 10 13	128	24 104	58		89	305	117	39.18
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-		REGIONS AND AREAS			Trenton Region	I- 12 Trenton R- 4 Flemington R- 5 Frinceton	1/ New Jersey State Plan approved Jan. 20, 1948. 2/ Estimated civilian population, July 1, 1946, Bureau of 3/ Area priorities based on following percentages of need		NEW MEXICO - TOTAL	quer	I- 1 Albuquerque R- 20 Bernalillo R- 23 Socorro R- 25 Estarcia R- 28 Belen	Cruc	I- 2 Les Cruces R- 16 Alemogordo R- 22 Hot Springs	Las Vegas Region	I- 3 Las Vegas R- 8 Santa Rosa R- 15 Mora	Santa Fe Region	I- 4 Santa Fe R- 18 Espanola R- 24 Taos	Gallur Region	R- 14 Gallup R- 1 Quemado R- 21 Farmington R- 27 Grants

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Roswell Region R- ? Roswell R- 6 Carlebad R- 11 Hobbs R- 12 Carrizozo	Raton Region R- 3 Raton R- 9 Roy R- 26 Clayton	Clovis Region R- 4 Clovis R- 5 Fort Sumner R- 17 Tucumcari R- 19 Portales	Silver City Region R- 7 Silver City R- 10 Lordsburg R- 13 Deming R- 29 Reserve	State total itles	NEW YORK - TOTAL 2/	Buffalo Region	B- 1 Buffalo I- 1 Magara Falls I- 2 Olean I- 3 Jamestown I- 4 Batavia R- 1 Warsaw	Rochester Region	B- 2 Rochester I-5 Clifton Springs I- 6 Elmira I- 7 Hornell R- 2 Abbion R- 3 Not Designated R- 4 Dansville R- 5 Seneca Falls R- 5 Seneca Falls R- 6 Wellsville R- 7 Montour Falls R- 8 Wellsville R- 8 Wellsville	Net Income,

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		REGIONS AND AREAS			Bismarck Region		R-28 Killder R-23 Beach R-24 Dickinson	883		i mari		North Dekote State Flan approved Oct. 17, 1947. Sylmated civilian population, July 1, 1945, Bureau of Census, Population-Special Reports, Series P-46, No. 3, Feb. 12, 1946. Processed. Priorities assigned by communities on the basis of percent of need met, distance to nearest general hospital and occupancy rates of existing hospitals Priority not assigned		OHIO - TOTAL 2	Cincinnati Region	B- 1 Cincinnati I- 1 Hamilton R- 1 Wilmington R- 2 Hillaboro R- 3 Georgetown R- 4 Batavia	Columbus Region	B- 2 Columbus R- 15 Washington C. H. R- 16 Delaware R- 17 Lancaster R- 18 Logan R- 19 Chillicothe R- 20 Circleville	Cleveland Region	B- 3 Cleveland R- 32 Painesville R- 33 Ashtabula

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		POPULATION			116,900	91,600	519,300	420,700 33,500 422,500	400,800	263,300 16,400 67,100 54,000	418,400	297,900 90,100 30,400		1	63,300 92,600 105,700 26,400	1	55,600 47,700 25,100	,	14,300 36,100 26,000	oved Feb. 3, opulation, J.
		REGIONS AND AREAS P			Mansfield Region	I- 13 Mansfield R- 43 Ashland	Akron Region	I- 14 Acron R- 44 Medina R- 45 Wooster R- 46 Ravenna	Canton Region	I- 15 Centon R- 47 Millersburg R- 48 Dover R- 49 Alliance	Toungstown	I- 17 Youngstown I- 16 Warren R- 50 Salem	Out-of-State: 4/	Pittsburgh, Pa. Region	I- 18 East Liverpool I- 19 Steubenville R- 51 Martins Ferry R- 52 Barnesville	Parkersburg, W.Va. Region	R-53 Marietta R-54 Athens R-55 Pomeroy	Ft. Wayne, Ind. Region	R- 56 Paulding R- 57 Defiance R- 58 Bryan	1/ Onto State Plan approved Feb. 3, 1948. 2/ Estimated civilian population, July 1, 1946, Bureau of Cenaus, Current Population Reports, Series P-25, No. 2, Aug. 3/ Area priorities based on following percentages of need met: A-0, B-11,7-34.2, C-37.8-55.0, D-56.6-64.5,

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OKT SHOMS - POPAT.	City Region	B- 1 Oxlahoma City R- 24 Cuthrie R- 25 Kingfisher R- 26 Wiconga R- 26 Wiconga R- 39 Norman R- 40 Purcell R- 41 Chickasha	Mismi Region	I- 1 Mismi R- 1 Vinits R- 18 Jay	Bartlesville Region	I. 2 Bartlesville R. 2 Nowata R. 3 Pawhuska	Ponca City Region	I- 3 Ponca City R- 14 Perry R- 15 Paynee R- 23 Stillwater	Enid Region	I. 4 Enid R. 5 Cherokee R. 5 Cherokee R. 7 Buffalo R. 8 Beaver City R. 10 Boise City R. 11 Shattuck R. 12 Woodward R. 13 Pairview	Clinton Region	I- 5 Clinton R- 27 Taloga R- 43 Hobart	Elk City Region	I- 6 Elk City R- 44 Mangum R- 45 Hollis	* Percent of the popul ** Net Income, 1946.

		PER	INCOME **		\$ 576	2021 2021 2021 2021 2021 2021 2021 2021	12.4	4 trwwyy 4 400080004 60080000	816	863 909	η66	1,255 268 268 687 496 697	295	886 234 303 342 342 342 275	419	0 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
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		REGIONS AND AREAS			Lawton Region	I- 7 Lewton R- 42 Anadarko R- 42 Altus R- 47 Frederick R- 48 Walters R- 49 Duncan R- 57 Waurika	Ardmore Region	I- 8 Ardmore R- 50 Paulas Valley R- 51 Sulphur R- 58 Marietta R- 59 Madill R- 60 Durant	Shawnee Region	I. 9 Shawnee R- 29 Chandler R- 38 Seminole	Tulsa Region	I- 10 Tulsa R- 16 Claremore R- 17 Pryor R- 22 Sapulpa R- 30 Okemah R- 31 Okemah	Muskogee Region	I- 11 Muskogee R- 19 Stilwell R- 20 Tahlequah R- 21 Wagoner R- 32 Eufaila R- 33 Sallisaw	McAlester Region	I- 12 McAlester R- 34 Foteau R- 35 Stigler R- 36 Wilburton R- 54 Antlers R- 55 Atoka R- 61 Hugo

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Region 1	I- 13 Ada R- 37 Holdenville R- 53 Coalgate	Original Oklahoma State Flan approved July 23, 2 Estimated total population excluding armed forces. Area priorities based on following percentages		OREGON - TOTAL 2,	Portland Region	B- 1 Portland I 1 Salem R- 1 Astoria R- 2 Tillamook R- 3 Hillsboro R- 4 Mc Minnville R- 5 Oregon City R- 6 Newport R- 7 Albany R- 7 The Dalles	Eugene Region	I- 2 Eugene I- 3 Coos Bay I- 4 Medford R- 9 Roseburg	ad Region	I- 5 Bend R- 10 Burns	Klamath Falls Region	I- 6 Klamath Falls R- 11 Lakeview	Pendleton Region	I. 7 Pendleton R. 12 Heppner R. 13 La Grande R. 14 Prairie City R. 15 Baker R. 16 Ontario	404	** Percent of the population ** Net Income, 1946. Sales P
Ada				OR	Ро		E.		Bend		K1.		Pe			

GENERAL HOSPITALS Existing Facilities, Total Needs, and Net Additional Beds Needed by Regions and Areas, and Other Selected Data	PER CAPITA INCOME **				\$ 1,048	861	7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	1,085	1,334 8838 1777 1753 1768 888 888 888 988 988 988	524	737 990 947 812	1,181	1,181	116	1 1 1 600 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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	ATED	NEED	BEDS		45,019	3,303	1,051 5777 3359 334	13,288	8 643 # # # # # # # # # # # # # # # # # # #	3,870	671 1,425 1,683	15,392	•	4,913	0 4 60 1 80 80 80 80 80 80 80 80 80 80 80 80 80
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	EXISTING BEDS	ABLE	PER 1,000 POPULATION	۸ ي/	2.7	1.9	ดูนู่นู้ พูดูนู่ ๑๋ฉฺ พูดูพูดูน	8.8	wwwqqqqqq rowwqhar	2.7	ლოი ლოო	•	æ m	1.6	igainagaa igainaga iga iga iga iga iga iga iga iga iga
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	EXISTING F		TOTAL	:	286	34	ე ეთ <i>സ</i> 4	73	W K-W4 W4 WM4 W	36	711 010 2	82	82	37	≄ ա Ի-ળ տ ա ա խ ւր տ
	POPULATION				2/10,004,220	755,520	233,599 1099,647 131,856 74,732 102,443 103,243	2,968,953	1, 436, 806 280, 493 295, 140 295, 140 295, 293 164, 557 164, 569 175, 938 203, 687	849,258	117,749 278,217 419,077 34,215	2,994,263	2,994,263	1,360,472	1.00.0 1.
	REGIONS AND AREAS				PENNSYLVANIA - TOTAL	Erie Region	B- 1 Erie I- 1 Bradford I- 2 Clearfield I- 3 Meadville I- 4 Sharon R- 1 011 City .	Pittsburgh Region	B- 2 Pittsburgh I- 5 Now Castle I- 7 Windber R- 2 Butler R- 3 Uniontown R- 4 Rochester R- 5 Indiana R- 6 Washington R- 7 Greensburg	Northeast Region	B- 3 Sayre B- 4 Scranton I-13 Wilkes-Barre R-13 Honesdale	Philadelphia Region	B- 5 Philadelphia	Central Region	I- 8 Paillipsburg I- 9 Paillipsburg I- 10 Williamsport I- 11 Bloomsburg I- 12 Lewistown R- 8 York R- 9 Chambersburg R- 10 Altoons R- 11 Harrisburg R- 12 Lebenon

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# 44400 t	Apr. 27, 1946, 11y 1946, 1 percentage is, as follow		13	פרינמ	June 28, 1946, 118 1, 1946, 18		58	10	жаннан	on.	עקומווקו	0	1 1
236,754 176,656 211,389 267,613 183,396	Plan approv d population, Ji ed on adjuste it least 50 bec		2/ 735,334	508,000 91,300 56,100 45,600	Plan approved population, Ju		7 1,883,106	277,485	145, 214 26, 317 250, 317 250, 987 100, 028 26, 580	321,561	3,45,000 00 00 00 00 00 00 00 00 00 00 00 00	218,846	141,525 41,071 36,250
Eastern Region I- 14 Reading I- 15 Allentown I- 16 Lencaster R- 14 Pottsville R- 15 Bethlehem	0020		RHODE ISLAND - TOTAL	B- 1 Providence I- 1 Woonsocket I- 2 West Warwick I- 3 Newport I- 4 Westerly	1/ Rhode Island State Plan approved June 28, 1948. 2/ Estimated civilian population, July 1, 1946, Bures 3/ Area priorities based on following percentages of		SOUTH CAROLINA - TOTAL 2	Charleston Region	B- 1 Charleston R- 1 Moncks Corner R- 2 Summarville R- 3 Walterboro R- 4 Ridgeland R- 5 Beaufort R- 6 Georgetown	Columbia Region	B- 2 Columbia R- 21 Cemden R- 22 Winnsboro R- 23 Newberry R- 24 Saluda R- 25 Edgelield R- 26 Aiken R- 27 Lexington	Greenville Region	B- 3 Greenville 14 R- 32 Leurens 4 R- 33 Pickens 3

				by Regions and Areas,	negions and a	reas, and Other	er selecied Data						
		EXISTING	FACILITIES		EXISTIN	NG BEDS		ESTIMA	ATED	E COLOR			
REGIONS AND AREAS	POPULATION		TOTALLY		NON-	ACCEPTABLE	ABLE	TOTAL NEED	NEED	ADDITIONAL	AKEA	PERCENT	PER
		TOTAL	OR PARTLY ACCEPTABLE	TOTAL	ACCEPTABLE	NUMBER	PER 1,000 POPULATION	FACILITIES	BEDS	NEEDED	FRIORITI	TOKAT	INCOME **
					SOUTH CAROLINA	ROLINA - Continued	cinued						
Florence Region	326,626	12	11	934	235	669	2.1	17	1,203	204		81.6	\$ 529
I- 1 Florence R- 7 Kingstree R- 8 Conway R- 9 Mullins R- 10 Dillon R- 11 Hertsville R- 12 Benneftsville R- 13 Chesterfield	99,000 90	크 (V 니 (V 니 시 시 시 시 시 시 시 시 시 시 시 시 시 시 시 시 시 시	wayayy i	1067 1068 608 477 477	000	C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	พดนุดดนูด ชุดพัทน์ค่ะพั	⇒ 0000⊣⊣⊓	361 171 999 152 105	1373 106 137 131 101	短回返回口の出点		# # # # # # # # # # # # # # # # # # #
Orangeburg Region	142,412	rH	п	134	1	134	6.	9	559	425	ı	90.8	064
I- 2 Orangeburg R- 14 St. Matthews R- 15 Bamberg R- 16 Barnwell R- 17 Allendale R- 18 Hampton	62,294 15,122 17,122 16,391 16,396 16,901	анні	d11111	134	11111	48. 1 1 1 1 1 1 1 1 1 1		нинин	0.2 0.0 0.0 0.3 0.0 0.0 0.0 0.0 0.0	16 23 23 23 23 23 23 23 23 23 23 23 23 23	অববববব	83.5 1000.0 1000.0 1000.0	4 4 0 4 0 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Sumter Region	103,252	ч	rı	150	0#	011	1.1	m	411	301	1	82.2	194
I- 3 Sumter R- 19 Bishopville R- 20 Manning	51,861 22,005 29,386	нп	411	150	0†	110	2.1	ппп	254 70 87	144 70 87	ወቁፋ	69.7 88.0 100.0	515 491 365
Rock Hill Region	117,139	īV	'n	260	1	560	2.2	Ŋ	864	238	1	71.0	631
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Spertenburg Region	187,417	7.	#	144	18	#53	2.3	5	906	483	ı	72.7	748
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* Percent of the population residing in places of less than 2,500 persons, 1940. Bureau of the Census, Sixteenth Census of the United States, Population, Vol. 1.

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		A - TOTAL Juneau Veragell Retchiken Sagway Mone Anohorage Anohorage Ordova Codova Seldovia Seld	Original Alaska State Plan approved Rathmated by State Agency. Area priorities based on following Data not available.	I - TOTAL Honolulu Hilo Mailuku Hilo Hole Hol	Hawaii State Plan approved Apr. 14, 1948. Estimated civilian Population, 1946, Bureau of Area priorities based on following percentages Date not available. Percent of the population residing in places on Net Income, 1946.
		ALASSEA	নতালক	BAWAII B- I- I- R- R-	नेत्रों नेत्र

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		AREA	FRIORITY		(3)	<∪ <a<< td=""><td>B-1 and I-2</td><td></td><td>(3/)</td><td>⋖⋖</td><td></td></a<<>	B-1 and I-2		(3/)	⋖ ⋖	
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		DECIONS AND ABEAS			PUBRIO RICO - TOTAL	B- 1 San Juan 1- 2 Fonce I- 3 Federdo I- 3 Caguss I- 5 Mayagues I- 6 Aquadilla	Fuerto Rico State Flan approved Mar. 16, 1948. Stimuted divilian population, July 1, 1945, Bureau of Census, Envula Area priorities based on the following percentages of need met: to A priority on the basis of availability of facilities and resource Data not available.		VIRGIN ISLANDS - TOTAL	R- 1 Charlotte Amalia R- 2 Christiansted	Virgin Islands State Flan approved June 30, 1948. Sathasted by State Agency. 13/ The two areas in the Virgin Islands have zero percent bate not available.

APPENDIX C

ALLOTMENTS FOR HOSPITAL CONSTRUCTION, FISCAL YEARS, 1948 and 1949



ALLOTMENTS FOR HOSPITAL CONSTRUCTION Fiscal Years 1948 and 1949

State or Territory	Allot	ments
	1948	1949
Total U.S. and Territories	\$75,000,000	\$75,000,000
Alabama	2,885,880	2,690,543
Alaska	100,000	100,000
Arizona	451,739	109, 109
Arkansas	1,966,582	1,966,552
California	1,956,160	2,121,367
Colorado	656,652	635,878
Connecticut	421,523	422,222
Delaware	100,000	100,000
District of Columbia	298,110	275,268
Florida	1,460,260	1,481,446
Georgia	2,976,228	2,791,307
Hawaii Idaho	222,758 293,162	261,868 300,347
Illinois	2,768,690	2,764,357
Indiana	1,726,355	1,754,093
Iowa	1,340,446	1,393,932
Kansas	932,719	972,758
Kentucky	2,587,095	2,560,957
Louisiana	2,154,850	2,099,507
Maine	454,438	467,139
Maryland	869,663	827,301
Massachusetts	1,593,795	1,622,561
Michigan	2,169,996	2,174,668
Minnesota	1,653,926	1,725,122
Mississippi	2,401,451	2,270,043
Missouri	2,280,213	2,293,924
Montana Naharaha	231,530	224,137
Nebraska Nevada	(1/) -	682,443 100,000
New Hampshire	342,122	367,648
New Jersey	1,312,554	1,328,053
New Mexico	457,062	457,632
New York	2,941,663	3,029,743
North Carolina	3,429,016	3,413,486
North Dakota	308,157	287,845
Ohio	2,690,189	2,715,846
Oklahoma	1,639,006	1,730,437
Oregon	460,361	534,815
Pennsylvania	4,547,379	4,692,355
Puerto Rico	2,460,083	2,327,387
Rhode Island	279,966	267,856
South Carolina	1,974,755	1,923,581
South Dakota	359,217	353,873
Tennessee	2,671,070	2,616,055
Texas	4,836,567	4,865,137
Utah Verment	364,840	354,023 227,131
Vermont Virginia	214,510 2,208, 1 59	2,114,928
Virginia Virgin Islands	32,765	29,271
Washington	511,646	553,979
West Virginia	1,554,281	1,529,058
Wisconsin	1,621,161	1,610,133
Wyoming	144,856	146,879

^{1/} Excluded because no plan was submitted as of June 30, 1948 in accordance with the opinion of the Comptroller General, dated August 24, 1948.





UNIVERSITY OF ILLINOIS-URBANA

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